2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

with an address, with all other like empowered.

if changed, or on an attachment

SIGNATURE

## Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P97000060961 1. Entity Name TEAM HOLDINGS, INC. Principal Place of Business Mailing Address 2025 EIDSON DR DELAND FL 32724 2025 EIDSON DR DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. F&I Number 59-3485263 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STONE, STEPHEN M 725 N. MAGNOLIA AVE. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32763 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature renuired wiven remataling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May C After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE MP Detete TITLE Change NAME AXELROD, BARRY ΝΑΜΓ STREET ADDRESS 2025 EIDSON DR STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Anadisis. NAME NAME U00000494822 04/20/06-80060-015 150.00 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-ZIP C Delete ☐ Change □ Met NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP KITLE Delete ■ Adding TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-71P TITLE Oelele TITLE ☐ Change Addition 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-23P CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Art. San NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

**FILED** 

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