2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000102484

1. Entity Name TEAM CONSTRUCTION CORP.

FILED Jan 31, 2006 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

3500 SW CORPORATE PKWY. PALM CITY, FL 34990

3500 SW CORPORATE PKWY. SUITE 103

PALM CITY, FL 34990

CR2E034 (11/05)

4. FEI Number 65-0798479

01232006

Applied For Not Applicat:

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SABIN, CHARLES H 3500 SW CORPORATE PKWY. PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

No Chg-P

		1			
	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	office or re	egistered agent, or bo	th, in the State of Flonda. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered A	gent signature	required when reinstating)	CATE
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIREC	TORS			
Title Name Street address City-St-Zip	VPT EJUPS, ALDIS 3500 SW CORPORATE PKWY. PALM CITY, FL 34990				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SABIN, CHARLES H 3500 SW CORPORATE PKWY. PALM CITY, FL 34990				U00000410081 02/09/06-80020-022 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
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TITLE NAME SIREET ADDRESS CITY-ST-ZIP	-				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MLE NAME STREET ADDRESS CITY-ST-ZIP

1-26-2066 772-283-8400