

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105884

Entity Name: TEAM REAL ESTATE, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

185 CYPRESS POINT PARKWAY  
SUITE 400  
PALM COAST, FL 32164

## Current Mailing Address:

185 CYPRESS POINT PARKWAY  
SUITE 400  
PALM COAST, FL 32164

## New Principal Place of Business:

185 CYPRESS POINT PARKWAY  
SUITE 4  
PALM COAST, FL 32164

## New Mailing Address:

185 CYPRESS POINT PARKWAY  
SUITE 4  
PALM COAST, FL 32164

FEI Number: 59-3550770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VOST, MARK R  
103 BRUSHWOOD LN  
PALM COAST, FL 32137 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VOST, MARK R  
Address: 103 BRUSHWOOD LN  
City-St-Zip: PALM COAST, FL 32137

Title: V ( ) Delete  
Name: PINTO, CARLOS  
Address: 1 WESTMOUNT LANE  
City-St-Zip: PALM COAST, FL 32164

Title: T ( ) Delete  
Name: NIEMINEN, SCOTT K  
Address: 18 FAN WOOD CT  
City-St-Zip: PALM COAST, FL 32137

Title: S (X) Delete  
Name: NIEMINEN, PAUL K  
Address: 503 N ORANGE AVE  
City-St-Zip: BUNNELL, FL 32110

Title: D ( ) Delete  
Name: GAZZOLLI, LAURA  
Address: 3 COLE PL  
City-St-Zip: PALM COAST, FL 32137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T/S (X) Change ( ) Addition  
Name: NIEMINEN, SCOTT K  
Address: 17 CEDARVIEW CT  
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R VOST

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date