

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031890

FILED
Jan 16, 2005
Secretary of State

Entity Name: TEAM ALLIANCE SERVICES & SOLUTIONS CORPORATION

Current Principal Place of Business:

5200 NW 43RD ST
SUITE 102-385
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

5200 NW 43RD ST
SUITE 102-385
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3569888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, ROBERT W
5200 NW 43RD ST
SUITE 102-385
GAINESVILLE, FL 32606 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: D () Delete
Name: BENNETT, ROBERT W
Address: 5200 NW 43RD ST SUITE 102-385
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: STEADMAN, KEITH
Address: 809 E. BLOOMINGDALE AVE. SUITE 207
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT W. BENNETT

D

01/16/2005

Electronic Signature of Signing Officer or Director

_____ Date