2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # S54431

FILED Jul 12, 2005 8:00 am Secretary of State 07-12-2005 90039 027 ***150.00

1. Entity Nam TEAMST		C.									
Principal Place of Business			Mailing Address								
300 ATRIUM DR SOMERSET, NJ 08873		300 ATRIUM DR. Somerset, nj. 08873						200	6291	2	
2. Principal Place of Business			3. Mailing Address								III. III. II
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06302005	Chg-P	CR2E	E034 (10/03)			
City & State		City & State			4. FEI Numb			-	pplied For ot Applicable		
Zip	p Country		Zip	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required					ditional	
6. Name and Address of Current Registered Agent					<u> </u>	7. Name and Address of New Registered Agent					
CT CODD	-				Name						
CT CORPORATION 1200 S PINE ISLAND RD FORT LAUDERDALE, FL 33324			Stre			eet Address (P.O. Box Number is Not Acceptable)					
I OILL EXC	DENDAL	L, 1 L 33324									
					City				F	L Zip Coo	ie
	named entity tions of regist		the purpose of changing its	register	ed office or r	registere	ed agent, or bo	oth, in the State of F	lorida. I ar	n familiar with	, and accept
SIGNATURE					•						
BIGITATION E	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature	e required v	when reinstating)		DATE		
Yes FI	LE NOW!!!	i FEE IS \$150.00 stember 7, 2005	9. Election Campa Trust Fund Con	ign Finar	ncing _	\$5.0	on May Be and to Fees	In accordance corporation did	with s. 60	07.193(2)(b),	F.S., the notice.
FII D	LE NOW!!! ue by Sep	! FEE IS \$150.00	9. Election Campa Trust Fund Con DIRECTORS	ign Finar	ncing	\$5.0 Adde	00 May Be ad to Fees	In accordance corporation did /CHANGES TO OF	with s. 60 I not rece	07.193(2)(b), ive the prior	notice.
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

732:145-1700 Daytime Phone #