



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 121936		2. Name of Corporation Team Gregarious, Inc.			
3. Street Address Principal Business Office 2530 Laguna Drive			City Ft. Lauderdale	State FL	Zip 33316
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ASSISTANCE IN RUNNING FISHING BOATS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gregory P. Barber			Vice President Name		
Street Address 2530 Laguna Drive			Street Address		
City Ft. Lauderdale	State FL	Zip 33316	City	State	Zip
Secretary Name Laurie E. Lewis			Treasurer Name Gregory P. Barber		
Street Address 40 Earle Drive			Street Address same as above		
City N. Kingstown	State RI	Zip 02852	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gregory P. Barber			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



121936

File Date **2/9/05**
Check No. **7298**
By: **W.**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
Gregory P. Barber

Date
2/25/05

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-13
401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 121936		2. Name of Corporation Team Gregarious, Inc.			
3. Street Address Principal Business Office 2530 Laguna Drive			City Ft. Lauderdale	State FL	Zip 33316
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ASSISTANCE IN RUNNING FISHING BOATS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gregory P. Barber			Vice President Name		
Street Address 2530 Laguna Drive			Street Address		
City Ft. Lauderdale	State FL	Zip 33316	City	State	Zip
Secretary Name Laurie E. Lewis			Treasurer Name Gregory P. Barber		
Street Address 40 Earle Drive			Street Address same as above		
City N. Kingstown	State RI	Zip 02852	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gregory P. Barber			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 1 9 3 6 *

FILED

File Date

FEB 18 2004

Check No.

By: 1003 GAD

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Gregory P. Barber

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
401-222-304



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

121936

2. Name of Corporation

Team Gregarious, Inc.

3. Street Address Principal Business Office

640 Ten Rod Road

City

N. Kingstown

State

RI

Zip

02852

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code
6650

7. Brief Description of the Character of Business Conducted in Rhode Island

Boat operation services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Gregory P. Barber

Vice President Name

Street Address

640 Ten Rod Road

Street Address

City

N. Kingstown

State

RI

Zip

02852

City

State

Zip

Secretary Name

Gregory P. Barber

Treasurer Name

Gregory P. Barber

Street Address

same as above

Street Address

same as above

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Gregory P. Barber

Director Name

Street Address

same as above

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 1 9 3 6 *

File Date:

2/25/03
6697

Check No.:

By:

[Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Gregory P. Barber

Print or Type Name of Officer

President

Title of Officer

Date

2/2/03