

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

Matthew A. Brown, Secretary of State

Corporations Divisio 100 North Main Stre

Providence, RI 02903-133 401.222.304

. Corporate ID No	2. Name of Corporation					
121936	Team Grega	arious, Inc.				
Sircei Address Principal Business Office 2530 Laguna Drive			Ft. Lauderdale	State FL	33316	
S. Business Phone No.	istness Phone No. 5. State of Incorporation RHODE ISLAN			6. SIC Code		
Brief Description of the Character of TO PROVIDE ASSISTA		d in Rhode Island				
. NAMES AND ADDRESSES resident Name Gregory P. Barl		ERS: ("X" BOX FOR AT	TACHMENT) [] FILL IN SPA	CES BEFORE USIN	NG ATTACHMENTS	
2530 Laguna Drive		Street Address				
Ft. Lauderdale	State FL	^{Zip} 33316	City	State	Zip	
ecretary Name Laurie E. Lewis	Laurie E. Lewis		Treasurer Name Gregory P. Barber			
ireci Address			Street Address			
40 Earle Drive	·	<u> </u>	same as above			
N. Kingstown Names and addresses	RI DIREC	Zip 02852	CHY	State	ING ATTACHMENT	
		Tono. (A Don John A		ACLS BLI OKL OS	ING ATTACIMENT	
Orocior Name Gregory P. Barl	ber		Director Name			
	ber		Director Name Street Address			
Gregory P. Barl	State	Zip		State	Zip	
Gregory P. Barl Great Address same as above		Zip	Street Address	State	Zip	
Gregory P. Barl Incornadamo same as above Tuy		Zip	Street Address City	State	Zip	
Gregory P. Barl Ired Address Same as above City Director Name		Zip Zip	Street Address City Director Name	State	Zip	
Gregory P. Barl Fred Address Same as above City Director Name	State	Zip	Street Address City Director Name Street Address	State	Zip	
Gregory P. Barl Gregory P. Barl Greet Address Greet Addre	State	Zip	Street Address City Director Name Street Address City 11. SHARES ISSUED ("X"	State	Zip	
Gregory P. Barl Ired Address Same as above City Director Name Ired Address O. SHARES AUTHORIZED AUTHORIZED SHARES	State State ("X" BOX FOR	Zip ATTACHMENT)	Street Address City Director Name Street Address City 11. SHARES ISSUED ("X"	State BOX FOR ATTAC	Zip HMENT) [
Gregory P. Barl free Address same as above five Address five Address five Address fire Address	State State ("X" BOX FOR	Zip ATTACHMENT)	Street Address City Director Name Street Address City 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares	State BOX FOR ATTACE Class/Series	Zip HMENT) Par Value	
Gregory P. Barl free Address same as above five Address five Address five Address five O. SHARES AUTHORIZED for THORIZED SHARES free of Shares 8,000 NO PAR VALUE	State State State ("X" BOX FOR A	Zip ATTACHMENT) Par Value	Street Address City Director Name Street Address City 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares	State BOX FOR ATTACE Class/Series Common	Zip HMENT) Par Value no par	

FOR SECRETARY OF STATE USE ONLY

Under peoply of perjury, I declare and affirm that I have examined this repor my accompanying schedules and statements, and that all statement

Signature of Officer
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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Stre

Providence, RJ 02903-13, 401.222.30

	2 Name of Corporation						
121936	Team Grega	rious, Inc.					
· · · · · · · · · · · · · · · · · · ·	Street Address Principal Business Office			ale FL	33316		
2530 Laguna Dri	Lve	1	Ft. Lauderda	are Irn	6. SIC Code		
4. Business Phone No. 5			5. State of Incorporation				
7. Brief Description of the Character TO PROVIDE ASSISTAN			ND		l		
B. NAMES AND ADDRESSES	OF THE OFFIC	ERS: ("X" BOX FOR	ATTACHMENT) FILL IS	N SPACES BEFORE USI	NG ATTACHMENT		
Gregory P. Bark	per						
Siren Address 2530 Laguna Drive			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Ft Lauderdale	FL	33316					
ecretary Name			Treasurer Name	•			
Laurie E. Lewis				Gregory P. Barber			
ireet Address			<u>.</u>	Sirvet Address			
40 Earle Drive	Terani	190		same as above			
City	State	Zip	City	State	Zip		
N. Kingstown D. NAMES AND ADDRESSES	RI OF THE DIREC	02852 TORS:	. : <i>R attachment</i>)	IN SPACES BEFORE US	 SING ATTACHMEN		
Director Name			Director Name				
Gregory P. Bari	per						
treet Address			Street Address				
same as above							
City	State	Zip	City	State	Zip		
Director Name	.J		Director Name		1		
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
	8,000 NO PAR VALUE			1			

FILED File Date FEB 18 2004 Check No. . FOR SECRETARY OF STATE USE ONLY

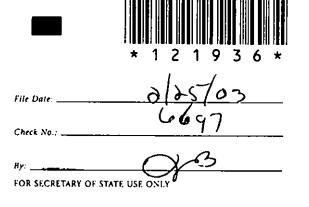
Under populity of perjury, I declare and affirm th	nat I have examined this repo
including any accompanying schedules and stat	ements, and that all stateme
contained herein are true fld correct.	
Signature of Officer	Date
Gregory P. Barber	
Print or Type Name of Officer	
President	<u> </u>
Title of Officer	



Edward S. Inman, III. Secretary of Stat Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

PROFIT CORP Filing Period: January			PORT FOR THE	YEAR	US PLEASE RE ENSTRUCTION
FORM MUST BE TYPED OR PRINT 1. Corporate ID No.	2. Name of Corpora				
121936	Team Grega	rious, Inc.			
3. Street Address Principal Business 640 Ten Rod Ro			N. Kingstown	State RI	^z i62852
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 6650
7. Brief Description of the Character Boat operation					
8. NAMES AND ADDRES President Name Gregory P. Bat		ICERS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES BI Vice President Name	EFORE USING ATTA	CHMENTS
Street Address 640 Ten Rod Ro	oad		Street Address		
N. Kingstown	State RI	zip 02852	City	State	Zip
Gregory P. Barber		Treasurer Name Gregory P. Barber			
Street Address same as above			Sucet Address same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES		ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES Director Name	BEFORE USING ATT	ACHMENTS
Gregory P. Bar Street Address same as above	rber		Street Address		
Same as above	State	Zip	City	State	Zip
Director Name		•	Director Name		•• • •
Street Address			Street Address		
City	State	Zip	City	State	Z.(p
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Series	Par Value	Number of Shates	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



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

Gregory P. Barber Print or Type Name of Officer

President

Title of Officer