


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90058 015 ****61.25

DOCUMENT # 729378 1. Entity Name THE TRELISES ASSOCIATION, INC.		
Principal Place of Business 9731 N. NEW RIVER CANAL ROAD PLANTATION FL 33324-3419 US		Mailing Address 9731 N. NEW RIVER CANAL ROAD PLANTATION FL 33324-3419 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1655424		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POLIAKAFF, GARY A BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SMITH, WILLIAM 9709 N NEW RIVER CANAL RD 206 PLANTATION FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			PRESIDENT STEPHANIE SCHEINMAN 9703 N. NEW RIVER CANAL RD., #102 PLANTATION, FL 33324
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			VICE-PRESIDENT MARY ANN MOSELEY 956 MOCKINGBIRD LN., #503 PLANTATION, FL 33324
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			SECRETARY JULIE BEHAR 954 MOCKINGBIRD LN., #516 PLANTATION, FL 33324
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			TREASURER HOWARD KLOOR 960 MOCKINGBIRD LN., #622 PLANTATION, FL 33324
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			DIRECTOR EILEEN METZGER 9725 N. NEW RIVER CANAL RD, PLANTATION, FL 33324
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			DIRECTOR DONNA WILLIAMS 9715 N. NEW RIVER CANAL RD, PLANTATION, FL 33324
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: Mary Ann Moseley, Vice Pres. 2-6-07 954-473-0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #