2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L99656 Apr 02, 2007 08:00 AM **Secretary of State** TRIPLE C SERVICES, INC. Principal Place of Business Mailing Address 2040 NW 40TH CRT 1 POMPANO BEACH FL 33064 2040 NW 40TH CRT 1 POMPANO BEACH FL 33064 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 65-0215677 Not Applicable Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNEDY, SYBIL T. Street Address (P.O. Box Number is Not Acceptable) 2040 NW 40TH CT 1 POMPANO BEACH FL 33064 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title i applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MILE Change Addition Delete TITLE KENNEDY, MICHAEL A., JR. NAME NAME 2040 NW 40TH COURT STREET ADDRESS STREET ADDRESS. POMPANO BEACH FL CHY-ST-7IP CITY-ST-ZIP me Delete HILL Change ☐ Addition U00000685509 KENNEDY, SYBIL T. 04/09/07-80006-015 150.00 2040 NW 40TH COURT STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CHY-SI-7/P CITY - ST - ZIE TITLE Delete ☐ Change ■ Addition TIRLE KENNEDY, MICHAEL A., SR. NAMI NAMI. 2040 NW 40TH COURT STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-7IP CHY-ST-ZIP Delete Addition NAME STRUCT ADDRESS STREET ADDRESS CHY-S1-7/P CITY - ST - ZIP ☐ Delete Addition mu MLE Change NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIII Delete HILE Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-SI-ZIP

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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 eath; 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 all other like empowered.

SIGNATURE: MICHAED A KENNEDY SR. 3.26.07 954 443 6238