


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000117119
 1. Entity Name
 TRIPP MEDICAL, INC.



Principal Place of Business
 22247 ALYSSUM WAY
 BOCA RATON, FL 33433

Mailing Address
 22247 ALYSSUM WAY
 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-1062892

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRASNA, GARY M
 1900 CORPORATE BLVD., STE. 301W
 BOCA RATON, FL 33431

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRIPP, BENJAMIN
STREET ADDRESS	22247 ALYSSUM WAY
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/4
 561 750 2224
Daytime Phone #