


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000091300
1. Entity Name
TRI-COM ADVERTISING, MARKETING & PUBLIC RELATIONS, INC.



Principal Place of Business Mailing Address
18395 GULF BLVD STE 202 **18395 GULF BLVD STE 202**
INDIAN ROCKS BEACH, FL 33785 **INDIAN ROCKS BEACH, FL 33785**



04192006 No Chg-P CR2E034 (11/05)

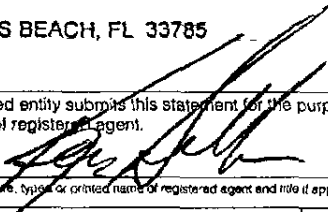
DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3747920 Not Applicable

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

6. Name and Address of Current Registered Agent
SILKIE, KENNETH C
18395 GULF BLVD
STE 202
INDIAN ROCKS BEACH, FL 33785

DO NOT WRITE IN THIS SPACE

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:  **KEN SILKIE** DATE: **4-19-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

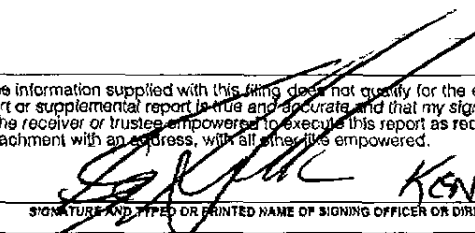
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SILKIE, KENNETH C
STREET ADDRESS	5201 LAZY LAKE LN.
CITY- ST- ZIP	ST. PETERSBURG, FL 33708
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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U00000527575
05/05/06-80002-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 filers empowered.
SIGNATURE:  **KEN SILKIE** Date: **4-19-06** Official Phone #: **724-5876**
Signature and typed or printed name of signing officer or director