2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006
Secretary of State

DOCUMENT# P02000025574

Entity Name: TRINITY HOMES MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

7575 WEST HIGHWAY 326
OCALA, FL 34482

New Principal Place of Business:

1515 NE 22ND AVE
OCALA, FL 34470

Current Mailing Address:

P.O. BOX 1114
TAVARES, FL 32778

New Mailing Address:

FEI Number: 04-3613265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

EAGLE ACCOUNTING & TAXES LLC
1006 S BAY ST
EUSTIS, FL 32726 US

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.

SIGNATURE: RENEE STOFFEL 08/31/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALBRITTON, TINA
Address: P O BOX 794
City-St-Zip: OCALA, FL 34478

Title: VP ( ) Delete
Name: ALBRITTON, DAVID
Address: P O BOX 794
City-St-Zip: OCALA, FL 34478

Title: SD ( ) Delete
Name: ALBRITTON, TINA
Address: P O BOX 794
City-St-Zip: OCALA, FL 34478

Title: TD ( ) Delete
Name: ALBRITTON, DAVID
Address: P O BOX 794
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: ALBRITTON, CHRISTOPHER
Address: P O BOX 794
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA ALBRITTON P 08/31/2006
Electronic Signature of Signing Officer or Director Date