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Secretary of State

08-02-2005 90034 018 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000074730

1. Entity Name
TRI-CON POWER GROUP, INC.

50059332

06292005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1031 W. MORSE BLVD. SUITE 170 WINTER PARK, FL 32789	1031 W. MORSE BLVD. SUITE 170 WINTER PARK, FL 32789

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 57-1178189 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LYON, V. FREDERIC
1031 W. MORSE BLVD.
SUITE 170
WINTER PARK, FL 32789

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, V. FREDERIC 1031 W. MORSE BLVD. WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYON, V. FREDERIC	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HOLLAND LYONS, LYNN 1031 W. MORSE BLVD. WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLLAND LYON, LYNN	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO "S"	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	on LYON	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE LINE 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in ... indicated on this report or supplemental report is true and accurate and that my signature shall have ... of the corporation or the receiver or trustee empowered to execute this report as required by Chapter ... changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [signature] 7-19-05 407 647 8900

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