


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000072271

1. Entity Name
 TRIPOT, INC.



Principal Place of Business
 14046 JENNEFER TERRACE
 LARGO, FL 33774

Mailing Address
 14046 JENNEFER TERRACE
 LARGO, FL 33774

DO NOT WRITE IN THIS SPACE



03242007 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-2875827

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAU, RAYMOND Y
 14046 JENNEFER TERRACE
 LARGO, FL 33774

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOW, MICHAEL CHEN K 14360 SW 68TH ST MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOW, VIVIEN CHUK W 14360 SW 68TH ST MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAU, RAYMOND L PHD 14046 JENNIFER TERRACE LARGO, FL 33774
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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 like empowered.

SIGNATURE: Raymond Y Lau **4/5/2007** **727-595-9714**

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