2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P94000007023 1. Entity Name TRION VENTURES VI, INC. Principal Place of Business Mailing Address 4901 N. FED HWY 4901 N. FED HWY STE 100 STE 100 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FE! Number Applied For 65-0510682 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARBER, KENNETH T Street Address (P O. Box Number is Not Acceptable) 4901 N. FED HWY #100 FORT LAUDERDALE FL 33308 Zip Code FL 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. Lam 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIFLE PTSD ☐ Detete TITLE □ Change ☐ Addition BARBER, KENNETH T NAME STREET ADDRESS 5310 NW 33RD AVE, SUITE 219 STREET ADDRESS FORT LAUDERDALE FL CITY ST-ZIP CITY-ST-ZIP VP ☐ Delete TITLE PILE [] Change ☐ Addition PHYLLIS M BAKER NAME NAME U00000311447 04/18/05-80031-012 150.00 STREET ADDRESS 5310 NW 33RD AVE #219 STREET ADDRESS. CITY-ST-ZIP FT LAUDERDALE FL 33309 CHY-ST-ZIP Delete nneTITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete TITLE [Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CHY-ST-ZIP

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 acquirate 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 of trustee ampowered to dyscute 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 will an address, with an other whose the empowered.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: