

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

|                                                                                            |                                                                                   |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P94000041889</b><br>1. Entity Name<br><b>TRUST INTERNATIONAL CORPORATION</b> |  |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                        |                                                                                            |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>2875 SOUTH OCEAN BLVD.<br/>SUITE 200<br/>PALM BEACH, FL 33480 US</b> | Mailing Address<br><b>2875 SOUTH OCEAN BLVD.<br/>SUITE 200<br/>PALM BEACH, FL 33480 US</b> |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0525305</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

5. Name and Address of Current Registered Agent

**MOLNAR, LASZLO J  
2580 S OCEAN BLVD  
1-7B  
PALM BEACH, FL 33480**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|                                                                               |                                                                                                                           |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

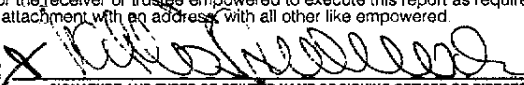
10. OFFICERS AND DIRECTORS

|                                                    |                                                                              |
|----------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PSD<br/>MOLNAR, LASZLO<br/>2580 S OCEAN BLVD 1-7B<br/>PALM BEACH, FL</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>T<br/>MOLNAR, JAMES<br/>2580 S OCEAN BLVD STE 1-7B<br/>PALM BEACH, FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                              |

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01/11/05-80054-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **1-5-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #