2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000043191

FILED Jan 14, 2005 Secretary of State

Entity Nai	me: TRIFOLIA	ATA DEVELOPMENT, INC.				
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
SUITE 301	HLAND AV I ACH, FL 3296	3	SUITE 30	CHLAND AV 1 ACH, FL 32963	US	
Current M	lailing Addres	ss:	New Mail	New Mailing Address:		
SUITE 301	HLAND AV ACH, FL 3296	3 US				
FEI Number:	: 59-3468305	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	d Address of N	ew Registered Agent:	
38056 MEI	CHARLIE JR RIDIAN AVENU Y, FL 33525	JE US				
	named entity : e of Florida.	submits this statement for th	e purpose of changing	its registered of	fice or registered agent, or bo	th,
SIGNATUR	RE:					
	Electror	nic Signature of Registered	Agent		Date	_
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	EDWARDS, RO	ND BLVD., STE 301	Title: Name: Address: City-St-Zip:	EDWARDS, ROI	D BLVD., STE 301	
Title: Name: Address: City-St-Zip:	LINTON, CRAIC	ND BLVD., STE 301	Title: Name: Address: City-St-Zip:	LINTON, CRAIG	D BLVD., STE 301	
Title: Name: Address: City-St-Zip:	EVANS, JAMES	ND BLVD., STE 301	Title: Name: Address: City-St-Zip:	EVANS, JAMES	D BLVD., STE 301	
Title: Name:	DV () LOWRY, LIONI) Delete EL L III	Title: Name:	DV (X) LOWRY, LIONE	Change ()Addition L L III	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: RONALD L. EDWARDS P 01/14/2005

660 BEACHLAND BLVD., STE 301

() Delete

660 BEACHLAND BLVD., STE 301

VERO BEACH, FL 32963

VERO BEACH, FL 32963

BEASMAN, JERRY

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

660 BEACHLAND BLVD., STE 301

660 BEACHLAND BLVD., STE 301

(X) Change () Addition

VERO BEACH, FL 32963 US

VERO BEACH, FL 32963 US

BEASMAN, JERRY