

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106783

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** TRIPLE CROWN VALET, INC.

**Current Principal Place of Business:**

1000 WINDERLEY PLACE, TOWN HOUSE 5  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1000 WINDERLEY PLACE, TOWN HOUSE 5  
MAITLAND, FL 32751

**New Mailing Address:**

102B CRYSTAL LAKE ST.  
ORLANDO, FL 32806

**FEI Number:** 59-3487923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOLPE, KRISTIAN  
1000 WINDERLEY PLACE, TOWN HOUSE 5  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

STOLPE, KRISTIAN  
911 37TH ST.  
ORLANDO, FL 32806 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2006

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: STOLPE, KRISTIAN  
Address: 1000 WINDERLEY PLACE, TOWN HOUSE 5  
City-St-Zip: MAITLAND, FL 32751

Title: V ( ) Delete  
Name: HENNESSEE, JOSH  
Address: 1000 WINDERLEY PL. STE. 5  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: STOLPE, KRISTIAN  
Address: 911 37TH ST.  
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: KRISTIAN STOLPE

Electronic Signature of Signing Officer or Director

PST.

04/30/2006

Date