
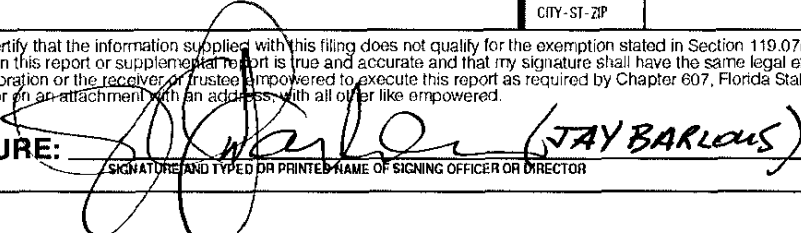


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90288 038 \*\*\*150.00

|   |                          |  |  |  |                                   |
|---|--------------------------|--|--|--|-----------------------------------|
| DOCUMENT # V25238   |                          |  |  |         |                                   |
| 1. Entity Name<br>TRI-KNOT INVESTMENT GROUP, INC.   |                          |  |  |  |                                   |
| Principal Place of Business<br>1803 AUSTRALIAN AVE S<br>STE D<br>WEST PALM BCH, FL 33409 US   |                          |  | Mailing Address<br>P.O. BOX 22823<br>EUGENE, OR 97402 US |  |                                   |
| 2. Principal Place of Business  |                          | 3. Mailing Address   |  |  |                                   |
| Suite, Apt. #, etc.   |                          | Suite, Apt. #, etc.  |  |  |                                   |
| City & State  |                          | City & State   |  | 4. FEI Number<br>65-0327609  |                                   |
| Zip   |                          | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent   |                          |  | 7. Name and Address of New Registered Agent              |  |                                   |
| NARKIER, STANLEY J P.A.<br>1803 AUSTRALIAN AVE. SOUTH<br>SUITE D<br>WEST PALM BEACH, FL 33409   |                          |  | Name   |  |                                   |
|   |                          |  | Street Address (P.O. Box Number is Not Acceptable)       |  |                                   |
|   |                          |  | City   |  |                                   |
|   |                          |  | FL   |  | Zip Code                          |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                          |  |  |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |  |                                   |
| 10. OFFICERS AND DIRECTORS  |                          |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    |  |                                   |
| TITLE   | D                        | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | BARLOUS, TROY            |  | NAME   |  |                                   |
| STREET ADDRESS  | 3138 W. LAS LOMITAS      |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | TUCSON, AZ               |  | CITY-ST-ZIP  |  |                                   |
| TITLE   | PS                       | <input type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | BARLOUS, JAY             |  | NAME   |  |                                   |
| STREET ADDRESS  | 819 N. CITRUS AVE. #8    |  | STREET ADDRESS   | 2526 CLEVELAND ST.   |                                   |
| CITY-ST-ZIP   | AZUSA, CA 91702          |  | CITY-ST-ZIP  | EUGENE, OR 97405   |                                   |
| TITLE   | TD                       | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | BARLOUS, SHIRLEY         |  | NAME   |  |                                   |
| STREET ADDRESS  | 819 N. CITRUS AVE. #8    |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | AZUSA, CA 91702          |  | CITY-ST-ZIP  |  |                                   |
| TITLE   | D                        | <input checked="" type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | BARLOUS, THOMAS          |  | NAME   |  |                                   |
| STREET ADDRESS  | 47 IRAQUIS AVE.          |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | ESSEX JUNCTION, VT 05462 |  | CITY-ST-ZIP  |  |                                   |
| TITLE   | VP                       | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | JANICKI, JOANNE          |  | NAME   |  |                                   |
| STREET ADDRESS  | 1565 ACORN PARK ST.      |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | EUGENE, OR 97402         |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                          |  | NAME   |  |                                   |
| STREET ADDRESS  |                          |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                          |  | CITY-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 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 in an attachment with an address, with all other like empowered. |                          |  |  |  |                                   |
| SIGNATURE:    |                          | Date: 4-15-04  |  | Daytime Phone #: (541) 334-0991  |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                          |  |  |  |                                   |

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04152004 Chg-P CR2E034 (10/03)