

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V25238

FILED
Apr 25, 2005
Secretary of State

Entity Name: TRI-KNOT INVESTMENT GROUP, INC.

Current Principal Place of Business:

1803 AUSTRALIAN AVE S
STE D
WEST PALM BCH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22823
EUGENE, OR 97402 US

New Mailing Address:

FEI Number: 65-0327609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NARKIER, STANLEY J P.A.
1803 AUSTRALIAN AVE. SOUTH
SUITE D
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARLOUS, TROY
Address: 3138 W. LAS LOMITAS
City-St-Zip: TUCSON, AZ

Title: PS () Delete
Name: BARLOUS, JAY
Address: 2526 CLEVELAND ST.
City-St-Zip: EUGENE, OR 97405

Title: TD () Delete
Name: BARLOUS, SHIRLEY
Address: 819 N. CITRUS AVE. #8
City-St-Zip: AZUSA, CA 91702

Title: VP () Delete
Name: JANICKI, JOANNE
Address: 1565 ACORN PARK ST.
City-St-Zip: EUGENE, OR 97402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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.

SIGNATURE: JAY BARLOUS

P

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date