

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091179

Entity Name: TRECO INVESTMENTS, INC.

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

1624 ISLEBROOK DRIVE  
ORLANDO, FL 32824 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 772632  
ORLANDO, FL 32877 US

**New Mailing Address:**

FEI Number: 65-2416378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EXCEL VENTURE GROUP, LLC  
5334 CENTRAL FLORIDA PKWY.  
#160  
ORLANDO, FL 32821 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: TRECO, TIMOTHY  
Address: P. O. BOX 772632  
City-St-Zip: ORLANDO, FL 32877 US

Title: MGR ( ) Delete  
Name: SISULU, TONY  
Address: P. O. BOX 770994  
City-St-Zip: ORLANDO, FL 32877 US

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

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 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: TIMOTHY TRECO

D

04/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date