2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 31, 2006 08:00 AM DOCUMENT # 414931 **Secretary of State** 1. Entity Name TRENTON INDUSTRIES, INC Principal Place of Business Mailing Address 7915 SINGING COURT PLACE TAMPA FL 33615-1507 7915 SINGING COURT PLACE TAMPA FL 33615-1507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1532690 Not Applicable Ζip Country Ziρ Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IMPARATO, JOHN J., SR. Street Address (P.O. Box Number is Not Acceptable) 7915 SINGING COURT PLACE TAMPA FL 33615 City 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 Signature, typed or proted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delcle TITLE Change Addition 🔲 NAME IMPARATO, ANDREE G HAME STREET ADDRESS 7915 SINGING COURT PLACE STREET ADDRESS CITY-ST-ZTP TAMPA FL CITY-ST-ZIP TSTLE Delete THLE NAME IMPARATO, JOHN J., SR. NAME STREET ADDRESS 7915 SINGING COURT PLACE STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP MUE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE F Delete Change ☐ Addifion MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 7171.5 Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 path; that I am an officer or director of the corporation or the receiver of 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 on an attachment with an address, with all otherwise empowered.

**FILED**