
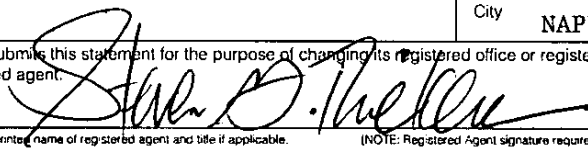
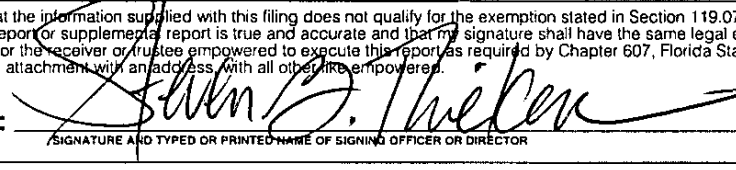


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90280 016 \*\*\*150.00

<b>DOCUMENT # 502829</b> 1. Entity Name <b>TRIGEN GLOBAL RESOURCES, INC.</b>					
Principal Place of Business <b>4500 EXECUTIVE DRIVE SUITE 230 NAPLES, FL 34119 US</b>			Mailing Address <b>PMB 207 2430 VANDERBILT BEACH RD., #108 NAPLES, FL 34109 US</b>		
2. Principal Place of Business <b>1105 RESERVE CT.</b>		3. Mailing Address Suite, Apt. #, etc. <b>#202</b>		05052005    Chg-P    CR2E034 (10/03)	
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number <b>59-1668325</b>	
Zip <b>34105</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THIEKEN, STEVEN G 4500 EXECUTIVE DR. STE. 230 NAPLES, FL 34119</b>			7. Name and Address of New Registered Agent Name <b>THIEKEN, STEVEN G</b> Street Address (P.O. Box Number is Not Acceptable) <b>1105 RESERVE CT.</b> <b>#202</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34105</b>		
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:  05/05/05 <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 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST <input type="checkbox"/> Delete <b>THIEKEN, STEVEN G PMB 207, 2430 VANDERBILT BEACH RD., #108 NAPLES, FL 34109</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 on an attachment with an address, with all other individuals empowered.					
SIGNATURE: 			Date: <b>05 May 05</b> Daytime Phone #: <b>(239) 593-7080</b>		