

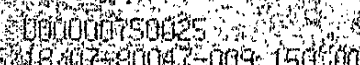
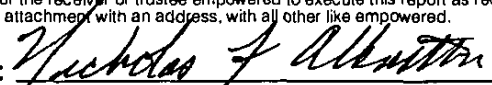


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 527687		
1. Entity Name TRI-BRITTON, INC.		
Principal Place of Business #3 ALBRITTON RD P. O. BOX 256 ALTURAS, FL 33820	Mailing Address #3 ALBRITTON RD P. O. BOX 256 ALTURAS, FL 33820	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALBRITTON, DALE E. #1 ALBRITTON ROAD ALTURAS, FL 33820		04062007 No Chg-P CR2E034 (11/05)
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.		4. FEI Number 59-1729506
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		Applied For <input type="checkbox"/> Not Applicable
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DO NOT WRITE IN THIS SPACE  05/01/07 08:00:47-009 150100
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBRITTON, PHYLLIS LAKE GARFIELD BOX 255 ALTURAS FL,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALBRITTON, DALE E. LAKE GARFIELD BOX 222 ALTURAS FL,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBRITTON, CAROLYN LAKE GARFIELD BOX 222 ALTURAS FL,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ALBRITTON, NICHOLAS F. LAKE GARFIELD BOX 255 ALTURAS, FL	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/4/07 Daytime Phone # 863-537-1343