

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 537078			
1. Entity Name TRICANA, INC.			
Principal Place of Business 1120 OLD COUNTRY ROAD SUITE 207 PLAINVIEW, NY 11803	Mailing Address 1120 OLD COUNTRY ROAD SUITE 207 PLAINVIEW, NY 11803		
DO NOT WRITE IN THIS SPACE			
		01192007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1813711	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORD, DAVID 1960 SE 16TH STREET POMPANO BEACH, FL 33062		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000598264 01/24/07-80067-017 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LEVITAS, SAMUEL 5 HANFORD ST. MELVILLE, NY 11747		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS LEVITAS, NADINE 6 KETCHAM PLACE MELVILLE, NY 11747		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Jan 19, 2007 516-935-4080	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	