

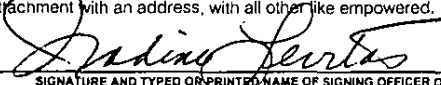


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 537078</b>				
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			
<b>DO NOT WRITE IN THIS SPACE</b>				
		 01222008    No Chg-P    CR2E034 (11/05)		
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-1813711</td><td style="width: 20%;">Applied For Not Applicable</td></tr></table>	4. FEI Number 59-1813711	Applied For Not Applicable
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		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  FORD, DAVID 1960 SE 16TH STREET POMPANO BEACH, FL 33062		<b>DO NOT WRITE IN THIS SPACE</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 _____ <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 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LEVITAS, SAMUEL 5 HANFORD ST. MELVILLE, NY 11747	<div style="margin-bottom: 10px;">U000000802820 02/04/08-80014-022 158.75</div> <b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS LEVITAS, NADINE 6 KETCHAM PLACE MELVILLE, NY 11747			
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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.				
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Jan. 23, 2008    516-935-4080 <small>Date    Daytime Phone #</small>		