


FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
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DOCUMENT # 539075	
1. Entity Name TecTrust Incorporated	

11 MAY 19 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 434 Fourth Street North	3. Mailing Address 434 Fourth Street North
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (1/11)

City & State St. Petersburg, FL	City & State St. Petersburg, FL	4. FEI Number 59-1773667	Applied For <input type="checkbox"/> Not Applicable
Zip 33701	Country US	Zip 33701	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Louis F. Berlanti
Street Address (P.O. Box Number is Not Acceptable) 434 Fourth Street North
City St. Petersburg
State FL
Zip Code 33701

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 re-instating)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
E-mail Address: louis@tectrust.com E-mail address to be used for future annual report notices.	

10. OFFICERS AND DIRECTORS	
TITLE Director	
NAME Louis F. Berlanti	
STREET ADDRESS 434 Fourth Street North	
CITY-ST-ZIP St. Petersburg, FL 33701	
TITLE P/S/T	
NAME Louis F. Berlanti	
STREET ADDRESS 434 Fourth Street North	
CITY-ST-ZIP St. Petersburg, FL 33701	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ **Louis F. Berlanti, Pres 5/16/2011 727-823-2139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

5/19/11