2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741076

FILED Jun 29, 2007 Secretary of State

Entity Name: TRINITY TOWERS SOUTH, INC.

Current Principal Place of Business: New Principal Place of Business: 615 E NEW HAVEN AVE MELBOURNE, FL 32901 **Current Mailing Address: New Mailing Address:** 615 E NEW HAVEN AVE MELBOURNE, FL 32901 FEI Number: 59-1848217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, JAMES M. 8021 PINE NEEDLE LANE US W. MELBOURNE, FL 32904 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition VANCE, MARC REV EASTERDAY, STEPHEN W REV Name: Name: 50 W. STRAWBRIDGE AVENUE Address: 50 W. STRAWBRIDGE AVENUE Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: MELBOURNE, FL 32901 Title: () Delete Title: () Change () Addition THORNBURG, WILLIAM Name: Name: Address: 225 CAMPBELL DR. Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: () Delete Title: (X) Change () Addition MEEHAN, RON Name: MEEHAN, RON Name: 900 E. NEW HAVEN AVENUE 900 E. NEW HAVEN AVENUE Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: MELBOURNE, FL 32901 Title: () Delete Title: () Change () Addition Name: PEAKE, THOMAS DR Name: 3195 CONCOURSE RD. Address: Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: () Delete Title: () Change () Addition ADAMS, ARLAND A MD Name: Name: 930 S. HARBOUR CITY BLVD Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: () Delete Title: () Change () Addition MALLEY, ROBERT J Name: Name: Address: 609 E FRANKLYN AVENUE Address: INDIALANTIC, FL 32903 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. STEPHEN W. EASTERDAY PD 06/29/2007