


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90017 009 ***150.00

DOCUMENT # 842628		
1. Entity Name TRI-SYSTEMS CORPORATION		

Principal Place of Business 4775 ASTON GARDENS WAY APT # 109 109 NAPLES, FL 34109 US	Mailing Address 4775 ASTON GARDENS WAY APT # 109 109 NAPLES, FL 34109 US
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2. Principal Place of Business 4775 ASTON GARDENS WAY Suite, Apt. #, etc. APT # 109 City & State NAPLES FL Zip 34109 Country COLLIER		3. Mailing Address 4775 ASTON GARDENS WAY Suite, Apt. #, etc. APT # 109 City & State NAPLES FL Zip 34109 Country COLLIER	
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01212004 Chg-P CR2E034 (10/03)

4. FEI Number 31-0791737	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOODNOUGH, BETTY 4775 ASTON GARDENS WAY APT # 109 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Betty L. Goodnough</i> (NOTE: Registered Agent signature required when reinstating) DATE 1-23-04	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LARRY, GOONOUGH 4775 ASTON GARDENS WAY # 109 109 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LARRY GOODNOUGH 4775 ASTON GARDENS WAY #109 NAPLES, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODNOUGH, BETTY 4775 ASTON GARDENS WAY # 109 109 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODNOUGH, BETTY 4775 ASTON GARDENS WAY #109 NAPLES, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <i>Betty L. Goodnough</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BETTY L. GOODNOUGH	Date 1-23-04 Daytime Phone # (239) 593-8228
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