

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90043 036 ***150.00

DOCUMENT # 842628 1. Entity Name TRI-SYSTEMS CORPORATION			
Principal Place of Business 4775 ASTON GARDENS WAY APT #109 NAPLES, FL 34109 US		Mailing Address 4775 ASTON GARDENS WAY APT #109 NAPLES, FL 34109 US	
2. Principal Place of Business 5550 HERON POINT DR. Suite, Apt. #, etc. APT. #1101 City & State NAPLES, FL.		3. Mailing Address 1250 W. CENTRAL ROAD Suite, Apt. #, etc. APT. #134 City & State ARLINGTON HEIGHTS, IL	
Zip 34107		Country USA	
Zip 60005		Country USA	
4. FEI Number 31-0791737		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODNOUGH, BETTY 4775 ASTON GARDENS WAY #112 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name GOODNOUGH, BETTY Street Address (P.O. Box Number is Not Acceptable) 5550 HERON POINT DR. APT. # 1101 City NAPLES	
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 1-20-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE TS	NAME GOONOUGH, LARRY	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1250 WEST CENTRAL RD. #134	CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60005		
TITLE P	NAME GOODNOUGH, BETTY	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1250 WEST CENTRAL RD. #134	CITY-ST-ZIP NAPLES, FL 34109		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Betty L. Goodnough</i> BETTY L. GOODNOUGH, PRES.		DATE: 1-20-06	
DAYTIME PHONE: 747-506-3286			