


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F03000001832</b> 1. Entity Name <b>TRILOGY USA INC.</b>	
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FILED  
07 NOV -2 AM 9: 08  
TALLAHASSEE, FLORIDA

Principal Place of Business 3640 YACHT CLUB DR. #1405 AVENTURA, FL 33180	Mailing Address 3640 YACHT CLUB DR. #1405 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>PO Box 20533 Biscayne Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#116</b>
City & State	City & State <b>Aventura, FL</b>
Zip	Zip <b>33180</b>
Country	Country <b>USA</b>

1024207  
**REINSTATEMENT** CR2E098 (1/07) 07  
 4. FEI Number  
**26-0023435** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WREN, MARK**  
 3640 YACHT CLUB DR. #1405  
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	CP	
NAME	WREN, MARK	
STREET ADDRESS	3640 YACHT CLUB DR. #1405	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BARTLETT, PETER	
STREET ADDRESS	3640 YACHT CLUB DR. #1405	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, SYLVIA	
STREET ADDRESS	P.O. Box 20533 Biscayne Blvd #116	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS	<b>700111649397</b>	
CITY-ST-ZIP	<b>11/02/07--01056--011 **150.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 another like empowered.

**SIGNATURE:** *[Signature]* **Date:** *October 24, 2007* **Daytime Phone #:** *786 202 7166*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR