

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001832

FILED
Jan 07, 2008
Secretary of State

Entity Name: TRILOGY USA INC.

Current Principal Place of Business:

3640 YACHT CLUB DR. #1405
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20533 BISCAYNE BLVD
#116
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 26-0023435 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: WREN, MARK
Address: 3640 YACHT CLUB DR. #1405
City-St-Zip: AVENTURA, FL 33180

Title: V () Delete
Name: DAVIS, SYLVIA
Address: P.O. BOX 20533 BISCAYNE BLVD #116
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DAVIS, SYLVIA
Address: P.O. BOX 20533 BISCAYNE BLVD #116
City-St-Zip: AVENTURA, FL 33180

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA DAVIS

VP

01/07/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date