

2006 FOR PROFIT CORPORATION ANNUAL REPORT

150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 18 AM 9:42

DOCUMENT # F04000000730

1. Entity Name
TRISYN GROUP, INC.



Principal Place of Business
105 DECKER CT
IRVING, TX 75062

Mailing Address
105 DECKER CT
IRVING, TX 75062



07202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0560783

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DOMINIK, DAVID
STREET ADDRESS	ONE EMBARCADERO CENTER, 33RD FLOOR
CITY-ST-ZIP	SAN FRANCISCO, CA 94111
TITLE	DT
NAME	ASHE, PRESCOTT
STREET ADDRESS	ONE EMBARCADERO CENTER, 33RD FLOOR
CITY-ST-ZIP	SAN FRANCISCO, CA 94111
TITLE	S
NAME	FLEISCHER, RUSSELL
STREET ADDRESS	105 DECKER
CITY-ST-ZIP	IRVING, TX 75062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RUSSELL Fleischer, as Secretary of Trisyn Group Inc.

8-9-06

214-492-5400