

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90084 011 ***150.00

DOCUMENT # F04000002480

1. Entity Name
TRICENTURION, INC.



Principal Place of Business
**7909 PARKLANE RD., SUITE 190
COLUMBIA, SC 29203**

Mailing Address
**7909 PARKLANE RD., SUITE 190
COLUMBIA, SC 29203**

40047240



2. Principal Place of Business

3. Mailing Address

03282006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-0808661

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**

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

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, SUSAN	
STREET ADDRESS	7909 PARKLAND ROAD	
CITY-ST-ZIP	COLUMBIA, SC 29203	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARIO	
STREET ADDRESS	7909 PARKLAND ROAD	
CITY-ST-ZIP	COLUMBIA, SC 29203	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUNGERMAN, DREW	
STREET ADDRESS	4800 DEERWOOD CAMPUS PARKWYA 100-8	
CITY-ST-ZIP	JACKSONVILLE, FL 322468273	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUGHES, BRUCE	
STREET ADDRESS	17 TECHNOLOGY CIRCLE	
CITY-ST-ZIP	COLUMBIA, SC 29203	
TITLE	CO	<input type="checkbox"/> Delete
NAME	HORAN, CHRIS	
STREET ADDRESS	7909 PARKLAND ROAD, SUITE 190	
CITY-ST-ZIP	COLUMBIA, SC 29223	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBAR GAGEL TIRONE	
STREET ADDRESS	11212 APPALOOSA DRIVE	
CITY-ST-ZIP	REISTERSTOWN, MD 21136	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Bahnemann, Joy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7909 Parklane Road	
STREET ADDRESS	Columbia, SC 29223-5666	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Wheeler, Jeff	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7909 Parklane Road	
STREET ADDRESS	Columbia, SC 29223-5666	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date

803-264-9300

Daytime Phone #