


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90187 005 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0808661	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 P NAME BAHNEMANN, JOY STREET ADDRESS 7909 PARKLANE RD CITY-ST-ZIP COLUMBIA, SC 292235666	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MARTINEZ, MARIO STREET ADDRESS 7909 PARKLAND ROAD CITY-ST-ZIP COLUMBIA, SC 29203	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WHEELER, JEFF STREET ADDRESS 7909 PARKLANE RD CITY-ST-ZIP COLUMBIA, SC 292235666	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HUGHES, BRUCE STREET ADDRESS 17 TECHNOLOGY CIRCLE CITY-ST-ZIP COLUMBIA, SC 29203	<input checked="" type="checkbox"/> Delete		TITLE TREASURER NAME ROBERT VAUGHAN STREET ADDRESS 7909 PARKLANE RD, SUITE 190 CITY-ST-ZIP COLUMBIA, SC 29223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CO NAME HORAN, CHRIS STREET ADDRESS 7909 PARKLAND ROAD, SUITE 190 CITY-ST-ZIP COLUMBIA, SC 29223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BARBAR GAGEL TIRONE STREET ADDRESS 11212 APPALOOSA DRIVE CITY-ST-ZIP REISTERSTOWN, MD 21136	<input type="checkbox"/> Delete		TITLE 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 all other like empowered.					
SIGNATURE: <i>Robert W Vaughan Treasurer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/23/07 Date		8036649594 Daytime Phone #