TRIUMPH 772 286 4441

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90080 033 ***150.00

40019392

1st MOORE CR2E034 (10/05)

DOCUMENT # F04000004636

1. Entity Name

TRIUMPH ASSOCIATES AMERICA INC.

Principal Place of Business	Mailing Address
2440 S.E. FEDERAL HIGHWAY STE. F STUART FL 34994	2440 S.E. FEDERAL HIGHWAY STE. F STUART FL 34994

2. Principal Place of Business	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-3764673 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, RICHARD
9650 S. OCEAN DRIVE
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name: ADAMS, RICHARD
Street Address (P.O. Box Number is Not Acceptable): 2440 S.E FEDERAL HIGHWAY
SUITE F
City: STUART FL Zip Code: 34994

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: Roberta Adams 2/14/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP ADAMS, ROBERTA 2440 S.E. FEDERAL HIGHWAY STE. F STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC ADAMS, DOUGLAS<br~~25 BROAD ST PHM~~ 241 E 76th St (3F)<br~~NEW YORK NY 10004~~ N.Y. N.Y 10021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ADAMS, R. FRANKLIN 108 E 96TH ST APT 7C NEW YORK NY 10128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ADAMS, RICHARD J 9650 S OCEAN DRIVE APT 1101 JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SE ADAMS, RICHARD T 2440 S.E FEDERAL HIGHWAY STE F STUART FL 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Roberta Adams 2/14/06