

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004677

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** TRIFECTA ORLANDO I, INC.

**Current Principal Place of Business:**

28035 DOROTHY DRIVE  
SUITE 240  
AGOURA HILLS, CA 91301

**New Principal Place of Business:**

**Current Mailing Address:**

28035 DOROTHY DRIVE  
SUITE 240  
AGOURA HILLS, CA 91301

**New Mailing Address:**

**FEI Number:** 26-0790257      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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:** PSD  
**Name:** NUSSBAUM, BRUCE  
**Address:** 28035 DOROTHY DRIVE, SUITE 240  
**City-St-Zip:** AGOURA HILLS, CA 91301

**Title:** PTD  
**Name:** LAM, RON  
**Address:** 28035 DOROTHY DRIVE, SUITE 240  
**City-St-Zip:** AGOURA HILLS, CA 91301

**Title:** PD  
**Name:** AUGER, MICHAEL  
**Address:** 28035 DOROTHY DRIVE, SUITE 240  
**City-St-Zip:** AGOURA HILLS, CA 91301

I hereby 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 all other like empowered.

SIGNATURE: /BRUCE NUSSBAUM/

P

04/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date