

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005145

FILED
May 08, 2009
Secretary of State

Entity Name: TRI-COM SYSTEMS CORPORATION

Current Principal Place of Business:

300 CARESBAD VILLAGE DR STE #108A 310
CAERSBAD, CA 92008

New Principal Place of Business:

12795 49TH ST N
CLEARWATER, FL 33762

Current Mailing Address:

PO BOX 93636
PHOENIX, AZ 850703636

New Mailing Address:

12795 49TH ST N
CLEARWATER, FL 33762

FEI Number: 37-1531688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAHBAS, JOHN H
6471 3RD PALM POINT
ST PETE BEACH, FL 33706 US

Name and Address of New Registered Agent:

MCGINLEY, KEVIN P
12795 49TH ST. N
CLEARWATER, FL 33762 US

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: KEVIN P MCGINLEY

05/08/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAHBAS, JOHN H
Address: 6471 3RD PALM POINT
City-St-Zip: ST PETE BEACH, FL 32706

Title: V () Delete
Name: BECKNELL, GARY
Address: PO BOX 128
City-St-Zip: PINELLAS PARK, FL 33780

Title: ST () Delete
Name: ANDERSON, VALERIA E
Address: PO BOX 93636
City-St-Zip: PHOENIX, AZ 850103636

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAHBAS, JOHN H
Address: 6471 3RD PALM POINT
City-St-Zip: ST PETE BEACH, FL 32706

Title: SD (X) Change () Addition
Name: POZIN, MITCHELL E
Address: 12795 49TH ST N
City-St-Zip: CLEARWATER, FL 33762

Title: TD (X) Change () Addition
Name: MCGINLEY, KEVIN P
Address: 12795 49TH ST N
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEVIN P MCGINLEY

T/D

05/08/2009

Electronic Signature of Signing Officer or Director

Date