

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42322

FILED
Jul 10, 2008
Secretary of State

Entity Name: TRIDENT PROPERTIES, INC.

Current Principal Place of Business:

1000 HOLLAND DRIVE
SUITE 5
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1000 HOLLAND DRIVE
SUITE 5
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 59-2448182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABGA, ASSAD
1000 HOLLAND DRIVE, SUITE 5
BOCA RATON, FL 33431 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: PD () Delete
Name: SABGA, ASSAD,
Address: 6570 NW 39 TERR
City-St-Zip: BOCA RATON, FL

Title: ST () Delete
Name: SABGA, SHARON,
Address: 1451 24TH ST, APT. 272
City-St-Zip: DENVER, CO 80205

Title: VP () Delete
Name: SABGA, KAREN
Address: 6570 NW 39TH TERRACE
City-St-Zip: BOCA RATON, FL 33496

Title: VP () Delete
Name: SABGA, RYAN
Address: 1706 E. 8TH PLACE
City-St-Zip: DENVER, CO 80208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ASSAD SABGA

OFFI

07/10/2008

Electronic Signature of Signing Officer or Director

Date