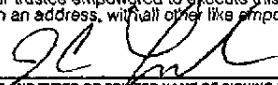


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F73016 1. Entity Name THE TRIDENT GROUP, INC.			
Principal Place of Business 7575 DR. PHILLIPS BLVD. SUITE 210 ORLANDO, FL 32819-7269		Mailing Address 7575 DR. PHILLIPS BLVD. SUITE 210 ORLANDO, FL 32819-7269	
DO NOT WRITE IN THIS SPACE			
		02172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2179758	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNCH, J. CRAIG 7575 DR. PHILLIPS BLVD. SUITE 210 ORLANDO, FL 32819		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 11000007475478 04/05/06-80017-011 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LYNCH, KARA H 7575 DR PHILLIPS BLVD STE#210 ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P J CRAIG LYNCH 7575 DR PHILLIPS BLVD STE.#210 ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  PRES. 3/16/06		407 345 8400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	