

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002080

FILED
Apr 25, 2006
Secretary of State

Entity Name: TRINSIC COMMUNICATIONS, INC.

Current Principal Place of Business:

601 S HARBOUR ISLAND BLVD
STE 220
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

601 S HARBOUR ISLAND BLVD
STE 220 - ATTN: TORA NEIL
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-3486356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D/P () Delete
Name: GRILLO, FRANK M
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

Title: S () Delete
Name: GRAHAM, ANDREW L
Address: 601 S. HARBOUR ISLAND BLVD., #220
City-St-Zip: TAMPA, FL 33602

Title: D/T () Delete
Name: DAVIS, HORACE J III
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

Title: AS () Delete
Name: NEIL, VICTORIA
Address: 601 S. HARBOUR ISLAND BLVD., #220
City-St-Zip: TAMPA, FL 33602

Title: AT () Delete
Name: PENNINGTON, RUSSELL A
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/VP (X) Change () Addition
Name: LINES, JOHN K
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

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

Title: D/P (X) Change () Addition
Name: DAVIS, HORACE J III
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

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

Title: T (X) Change () Addition
Name: MOISE, JR., EDWARD D
Address: 100 BROOKWOOD ROAD
City-St-Zip: ATMORE, AL 36502

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTORIA A. NEIL

AS

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date