


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90426 015 ***150.00

DOCUMENT # F99000005585 1. Entity Name TRENDIUM, INC.					
Principal Place of Business 13450 W SUNRISE BLVD SUITE 200 SUNRISE, FL 33323			Mailing Address 13450 W SUNRISE BLVD SUITE 200 SUNRISE, FL 33323		
2. Principal Place of Business 1580 SANGRASS CORP PKWY Suite, Apt. #, etc. Suite 200		3. Mailing Address SAME Suite, Apt. #, etc.		03152006 Chg-P CR2E034 (11/05)	
City & State SUNRISE, FL		City & State		4. FEI Number 22-3672974	
Zip 33323		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELEIS, DR. HANAFY 13450 W SUNRISE BLVD SUITE 200 SUNRISE, FL 33323				7. Name and Address of New Registered Agent Name MELEIS, DR. HANAFY Street Address (P.O. Box Number is Not Acceptable) 1580 SANGRASS CORP PKWY SUITE 200 City SUNRISE FL Zip Code 33323	
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: <u><i>Hanafy Meleis</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/29/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ZWAN, DR. BRYAN 15550 LIGHTWAVE DRIVE CLEARWATER, FL 33760	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELEIS, DR. HANAFY 13450 W SUNRISE BLVD SUNRISE, FL 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Hanafy Meleis</i></u> Date: <u>3/29/06</u> Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					