2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2008 08:00 A Secretary of State **DOCUMENT # H32784** 1. Entity Name TRY ENTERPRISES INTERNATIONAL, INC. Principal Place of Business Mailing Address % DEAN A. TRYGGESETH 2002 KISER DRIVE VALRICO FL 33594 P O BOX 1134 2002 KISER DRIVE VALRICO FL 33594 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #. etc. Spite Apt #, etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2526525 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRYGGESETH, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 2002 KISER VALRICO FL 33594 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bord, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Elizabeth Thy Seath Santose tipological and the santose ti april 16-08 (NOTE: Registered Agent a greature required where reientaineg-* --- FILE NOW!!! FEE:IS \$150.00 (**) 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! F Defete Change Addition THEF NAME TRYGGESETH, DEAN A. NAME U00000906307 05/02/08-80017-006 150.00 2002 KISER DRIVE STREET ADDRESS STREET ADDRESS VALRICO FL CITY - \$1 - 717 CHY-ST-789 TITLE TSD De-etc TITLE ☐ Change Addition TRYGGESETH, ELIZABETH B. NAME STREET ADDRESS 2002 KISER DRIVE STREET ADDRESS CITY-S1-312 VALRICO FL CHY-SI-ZIF Defete THE □ Crange Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ De¹ete MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CELY-ST ZIP CHY-SE-ZIP HILE Delete THE ☐ Change Addition NAME N4ME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-S1-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is this and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer 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.

FILED

SIGNATURE: Chraheth Dy Couth Elizabeth Tryggeseth 4-16-08 813-217-1609