
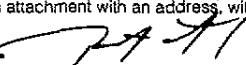


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # J36907 1. Entity Name TRITECH SERVICES INC.			
Principal Place of Business 3111 UNIVERSITY DRIVE SUITE 700 CORAL SPRINGS, FL 33065		Mailing Address 3111 UNIVERSITY DRIVE SUITE 700 CORAL SPRINGS, FL 33065	
DO NOT WRITE IN THIS SPACE			
		04182006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2731426	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WITZEL, ROBERT C. 7459 NORTHWEST 34TH STREET LAUDERHILL, FL 33319		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WITZEL, ROBERT C. 7459 NW 34TH STREET LAUDERHILL, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WITZEL, ROBERT C. 7459 NW 34TH STREET LAUDERHILL, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMIDT, JOANNE M/ 9451 N W 44TH PLACE CORAL SPRINGS, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  ROBERT C. WITZEL		4/21/06 954-340-6670	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	