

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95044

Entity Name: THE TRILAX GROUP, INC.

FILED  
Apr 11, 2008  
Secretary of State

## Current Principal Place of Business:

250 S RONALD REAGAN  
STE 106  
LONGWOOD, FL 32750 US

## Current Mailing Address:

250 S RONALD REAGAN  
STE 106  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

250 S RONALD REAGAN BLVD.  
STE 106  
LONGWOOD, FL 32750 US

## New Mailing Address:

250 S RONALD REAGAN BLVD.  
STE 106  
LONGWOOD, FL 32750 US

FEI Number: 59-2864964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAX, JAMES R  
250 S RONALD REAGAN BLVD  
SUITE 106  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

LAX, JAMES R  
250 S RONALD REAGAN BLVD.  
SUITE 106  
LONGWOOD, FL 32750 US

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: JAMES R. LAX

04/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LAX, JAMES R.,  
Address: 1514 GRACE LAKE CIR  
City-St-Zip: LONGWOOD, FL 32750

Title: STD ( ) Delete  
Name: LAX, SAMUEL P.,  
Address: P.O. BOX 395  
City-St-Zip: MONTMORENCI, SC 29839

Title: D ( ) Delete  
Name: LAX, AUDREY T  
Address: 6623 LAKE LORAN WAY  
City-St-Zip: LAKE WORTH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: LAX, AUDREY T  
Address: 6623 LAKE LORAN WAY  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify 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: JAMES R. LAX

PD

04/11/2008

Electronic Signature of Signing Officer or Director

Date