2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # K77134 01-20-2004 90079 048 ***150.00 TRIDENT TECH SERVICES, INC. Mailing Address Principal Place of Business 24002653 5691 SEA LAVENDAR PL. 5691 SEA LAVENDAR PL. MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951 3. Mailing Address 2. Principal Place of Business 3735 S. HWY A1A 3735 S. HWY A1A Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01092004 Chg-P City & State 4. FEI Number Applied For City & State 31-1265858 Not Applicable MELBORNEBEACH. MELBORNE BEACH. \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent* JAMES G. COLLINS COLLINS, JAMES G. 5691 SEA LAVENDAR PL. Street Address (P.O. Box Number is Not Acceptable) MELBOURNE BEACH, FL 32951 3735 S. HWY A1A MELBORNE BEACH, : 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. (NOTE: Registered Agent signature regulred when reinstating) 9. Election Campaign Financing **\$5.00** May Be FLE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS X Change ☐ Addition ☐ Delete TITLE DIRECTOR/PRESIDENT COLLINS, JAMES G. NAME NAME JAMES G. COLLINS 5691 SEA LAVENDAR PL. STREET ADDRESS STREET ADDRESS 3735 S. HWY A1A, MELBORNE BEACH, FL CITY-ST-ZIP MELBOURNE BEACH, FL 32951 CITY-ST-ZIP 32951 TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED Jan 20, 2004 8:00 am