2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2007 08:00 AM Secretary of State **DOCUMENT # K77134** 1. Entify Name TRIDENT TECH SERVICES, INC. Principal Place of Business Mailing Address 3735 S. HWY A1A 3735 S. HWY A1A MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951 03252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 31-1265858 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent COLLINS, JAMES G. DO NOT WRITE 3735 S. HWY A1A MELBOURNE BEACH, FL 32951 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) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS TITLE DP COLLINS, JAMES G. NAME STREET ADDRESS 3735 S. HWY A1A CITY-ST-ZIP MELBOURNE BEACH, FL 32951 TITLE U00000703998 NAME 04/20/07-80162-020 150.00 STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/0/07 321-727-8289

FILED