2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041825

Entity Name: TRINITY ALLIANCE, LLC

Name:

Address:

City-St-Zip:

MULROONEY, DARRAGH

PHIBSBORO, DUBLIN 7, IRELAND,

82 NEW CABRA ROAD

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 950/956 NORTH COCOA BLVD. COCOA, FL 32922 **Current Mailing Address: New Mailing Address:** 2425 PINE APPLE AVE 2425 PINEAPPLE AVE SUITE 108 MELBOURNE, FL 32935 US MELBOURNE, FL 32935 US FEI Number: 20-1195685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JM REAL ESTATE, INC. JM REAL ESTATE, INC. 2425 PINE APPLE AVE 2425 PINE APPLE AVE MELBOURNE, FL 32935 US SUITE 108 MELBOURNE, FL 32935 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: MICHAEL MCDONALD 03/23/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete HEALY, NEIL Name: Name: TOOME DRING CO. Address: Address: City-St-Zip: LONGFORD, IRELAND, City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: HEALY, NEIL Name: Address: TOOME DRING CO. Address: City-St-Zip: LONGFORD, IRELAND, City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HEALY, TADHG Name: Name: Address: 334/336 WEST 46TH STREET Address: City-St-Zip: MANHATTAN, NY 10036 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: NEIL HEALY MGR 03/23/2009