2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L04000066922

Entity Name: TRINITY GLOBAL FINANCIAL GROUP PLLC

Current Principal Place of Business:

1609 BRANCH STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3727
TALLAHASSEE, FL 323153727

New Mailing Address:

FEI Number: 30-0269781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHELLE PATRICE STEPHENS
1609 BRANCH STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MICHELLE PATRICE STE, PHENS	
Address:	1609 BRANCH STREET	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	MGRM	( ) Delete
Name:	GWENDOLYN MELINDA MI, CHELLE EVANS	
Address:	1609 BRANCH STREET	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	MGRM	( ) Delete
Name:	ERICKA SIMONE WILLIA, MS	
Address:	1609 BRANCH STREET	
City-St-Zip:	TALLAHASSEE, FL 32303	

ADDITIONS/CHANGES:

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

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.

SIGNATURE: GWENDOLYN MELINDA MICHELLE EVANS MGRM 04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date