2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41534

Entity Name: TRIPLE CROWN TRAILERS, INC.

FILED Jan 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4251 S.PINE AVE. OCALA, FL 34480 US **Current Mailing Address: New Mailing Address:** 4251 S.PINE AVE OCALA, FL 34480 US FEI Number: 59-2990865 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: LORICK, LINDA L LORICK, LINDA L 7255 SW 99TH STREET 631 SE 47TH LOOP OCALA, FL 34480 OCALA, FL 34476 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: 01/19/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LORICK, ERNEST M., LORICK, ERNEST M., Name: Name: 7255 SW 99TH STREET 631 SE 47TH LOOP Address: Address: OCALA, FL 34476 City-St-Zip: City-St-Zip: OCALA, FL 34480 Title: Title: () Delete TD (X) Change () Addition Name: LORICK, LINDA L Name: LORICK, LINDA L 7255 SW 99TH STREET 631 SE 47H LOOP Address: Address: OCALA, FL 34476 OCALA, FL 34480 City-St-Zip: City-St-Zip: () Delete Title: Title: VD. () Change () Addition LORICK, MARTY L Name: Name: 5952 NE 62ND COURT, RD Address: Address: City-St-Zip: SILVER SPRINGS, FL 34488 City-St-Zip: Title: SD () Delete Title: () Change () Addition LORICK, JENNIFER A Name: Name: 5952 NE 62ND COURT ROAD Address: Address: City-St-Zip: City-St-Zip: SILVER SPRINGS, FL 34488 Title: Title: () Delete () Change (X) Addition Name: Name: COLLIER, DANIEL J Address: Address: 726 S.E. 4TH STREET City-St-Zip: City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTY L. LORICK VP 01/19/2007