


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90050 031 \*\*\*150.00

DOCUMENT # L42096					
1. Entity Name THE TRINGALI COMPANY, INC.					
Principal Place of Business 3760 N PALOMINO TERRACE BEVERLY HILLS, FL 34465 US			Mailing Address 3760 N PALOMINO TERRACE BEVERLY HILLS, FL 34465 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04272007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-2983702	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TRINGALI, MICHAEL J. 3760 N PALOMINO TERRACE BEVERLY HILLS, FL 34465			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <del>PDS</del>	NAME TRINGALI, MICHAEL J.		TITLE DIRECTOR		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3760 N PALOMINO TERRACE	CITY-ST-ZIP BEVERLY HILLS, FL 34465		STREET ADDRESS		CITY-ST-ZIP
TITLE PRESIDENT, SECRETARY, TREAS.	NAME TRINGALI, KAREN		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3760 N. PALOMINO TERRACE	CITY-ST-ZIP BEVERLY HILLS, FL. 34465		STREET ADDRESS		CITY-ST-ZIP
TITLE	NAME		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP
TITLE	NAME		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP
TITLE	NAME		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP
TITLE	NAME		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP
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: <u>Michael J. Tringali</u>		MICHAEL J. TRINGALI, DIRECTOR		4-28-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 352-527-3465	