2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L90443

Entity Name: TREVOR-MARTIN CORPORATION

FILED May 16, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
4151 112TH TERRACE NORTH CLEARWATER, FL 33762 US						
Current Mailing Address:			New Mailing Address:			
4151 112TH TERRACE NORTH CLEARWATER, FL 33762 US			125 COMMERCIAL DR MOORESVILLE, NC 28115 US			
FEI Number: 59-3026647 FEI Number Applied For () FEI Number				nber Not Appl	ber Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LOVELACE, WILLIAM K 401 S LINCOLN AVE CLEARWATER, FL 33756 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:						
SIGNATUR		Signature of Registered Agent			 Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title:		Delete		Title:	P/D (X) Change () Addition	
Name: Address: City-St-Zip:	BORZONI, JOHN 9066 CYPRESS LARGO, FL 337	T TRAIL		Name: Address: City-St-Zip:	BORZONI, JOHN T 149 ECLIPSE WAY MOORESVILLE, NC 28117 US	
Title:		Delete		Title:	VSD (X) Change () Addition	
Name: Address: City-St-Zip:	BINDUS, SHELIA 10255 MYRTLE LARGO, FL 337	OAK LANE		Name: Address: City-St-Zip:	BINDUS, SHEILA A 165 PINK ORCHARD DR MOORESVILLE, NC 28115 US	
Title:		Delete		Title:	T (X) Change () Addition	
Name: Address: City-St-Zip:	BORZONI, ELIZA 9066 CYPRESS LARGO, FL 337	TRAIL		Name: Address: City-St-Zip:	BORZONI, ELIZABETH H 149 ECLIPSE WAY MOORESVILLE, NC 28117 US	
	D ()[Title:	() Change () Addition	
Name: Address: City-St-Zip:	BORZONI, GLAD 100 BLUFFVIEW BELLEAIR BLUF			Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D () [WILLIAMSON, R 1984 ORANGE O PALM HARBOR,	OURT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I GALLAGHER, MA 672 POINSETTIA BELLEAIR, FL 3	RD		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: SHEILA A BINDUS VSD 05/16/2006