## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 14, 2004 8:00 am Secretary of State

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|---|--|--|--|--|--|--|--|
| DOCUMENT # N0100003923  1. Entity Name TRI TECH PREPARATORY SCHOOL, INC.  |  |  |  | i  | 09-14-2004 90002 012 **  |  |  |
| Principal Place   | of Purioses  | Mailing Address  |  | -1   | 7/11/27/22   |  |  |
| 1515 NW 16  | al .   | 1515 NW 167TH ST   |  | •  | CONCOURN   |  |  |
| SUITE 150   |  | SUITE 150  |  | -  |  |  |  |
| MIAMI, FL 33169 MIAMI, FL 33169   |  | •  | L PROPERTO AND ROLLE HA  | ii naim naili palli naizi naizh kiti ilita ilita   | INNIA AL PRAL  |  |  |
|   | <u> </u>   |  |  |  |  |  |  |
|   |  | 3. Mailing Address   |  |  | }  |  |  |
| 100   | NE191 Street   |  | <del>4124</del>  | -  |  |  |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.  |  | 08192004 Chg                                       | -NP CR2E037 (10/03)  |  |  |
|   | ami, Florida   | Miami  |  | A FELL   | 1 14   | pplied For   |  |
| City & State  | • • • •  | City & State   | rida   | 4. FEI Number<br>65-1113051                        | _ <del> </del>   | lot Applicable   |  |
|   |  |  | Country  | 30 (11300)   | \$8.75 Ac  |  |  |
| Zip 3>  | Country  | Zip  |  | 5. Certificate of State                            | us Desired Fee Requir  | ed   |  |
| احرر  | 6. Name and Address of Current Re  | nietered Arrent  | <del>-                                    </del>   | 7. Name and Addre                                  | ss of New Registered Agent   |  |  |
|   | 6. Name and Address of Carrent He  | gistered Agent   | Name   |  |  |  |  |
| TRICE, PE   | TRENA  |  |  |  |  |  |  |
| 16050 NBAYRD 2871 NE 185 ST. #204   S   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
| #808-   | d _  |  |  |  |  |  |  |
| MIAMI, FL   | 33180  |  |  |  |  |  |  |
|   | ł.   |  | City   |  | - FL Zip Co  | de   |  |
| O. The above  | named entity submits this statement for th   | a diversity of abovelop its co   | sistered office or regist  | torad agent, or both, in th                        |  | and accept   |  |
|   | ons of registered agent.   | e purpose of changing its re-  | diziaian orrica or radizi  | tered agent, or both, in th                        | e otate of Florida. Fain tallimal with                                   | i, and accept  |  |
|   | 054  | 2 -  | 5  | -  |  |  |  |
| SIGNATURE .   | Muce   | J Pexi   | era TH   | ie   | 9/2/04   | - j  |  |
| SIGNATURE .   | Signature, typed or printed name of registered agent and   | title if applicable. (NOTE: R  | egistered Agent signature requi  | ired when reinstating)                             | DATE   |  |  |
|   | and the second s |  |  |  |  |  |  |
| . 10  |  |  |  |  |  | Constant Estate Williams 111 188                           |  |
|   | Filing Fee is \$61.25  | 9. Election Camp   | · · · ·  | \$5.00 May Be                                      | Make check payable   | to<br>State  |  |
|   | ue by September 8, 2004  | 9. Election Camp<br>Trust Fund Cor   | ntribution.  | Added to Fees                                      | Florida Department of S  | State  |  |
| <b>D</b> (  | ue by September 8, 2004 OFFICERS AND DIRECT  | 9. Election Camp<br>Trust Fund Cor   | ntribution.  | Added to Fees                                      | Florida Department of S  | State<br>N 10  |  |
| 10.   | OFFICERS AND DIRECT  | 9. Election Camp<br>Trust Fund Cor   | 11.  | Added to Fees                                      | Florida Department of S  | State  |  |
| 10.<br>TITLE<br>NAME  | OFFICERS AND DIRECT P TRICE, PETRENA   | 9. Election Camp<br>Trust Fund Cor   | 11, TITLE NAME   | Added to Fees                                      | Florida Department of S  | State<br>N 10  |  |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS  | OFFICERS AND DIRECT P TRICE, PETRENA 16950 N BAY RD #808   | 9. Election Camp<br>Trust Fund Cor   | 11, TITLE NAME STREET ADDRESS  | Added to Fees                                      | Florida Department of S  | State<br>N 10  |  |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P TRICE, PETRENA 16950 N BAY RD #808 MIAMI, FL 33060   | 9. Election Camp<br>Trust Fund Cor   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Added to Fees                                      | Florida Department of STO OFFICERS AND DIRECTORS I                       | N 10 Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | P TRICE, PETRENA 16950 N BAY RD #808 MIAMI, FL 33060   | 9. Election Camp<br>Trust Fund Cor   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Added to Fees                                      | Florida Department of S  | State<br>N 10  |  |
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| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | P TRICE, PETRENA 16950 N BAY RD #808 MIAMI, FL 33060 V WALLACE, TREZAVIEUR S 211 N. VALLEY STREET  | 9. Election Camp<br>Trust Fund Cor   | 11. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS  | Added to Fees                                      | Florida Department of STO OFFICERS AND DIRECTORS I                       | N 10 Addition  |  |
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| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE   | P TRICE, PETRENA 16950 N BAY RD #808 MIAMI, FL 33060 V WALLACE, TREZAVIEUR S 211 N VALLEY STREET BURBANK, CA   | 9. Election Camp<br>Trust Fund Cor   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Added to Fees                                      | Florida Department of STO OFFICERS AND DIRECTORS I                       | N 10 Addition  |  |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE TENNAME NAME   | P TRICE, PETRENA 16950 N BAY RD #808 MIAMI, FL 33060 V WALLACE, TREZAVIEUR S 211 N VALLEY STREET BURBANK, CA T BRIDGES-MORGAN, VALERIA   | 9. Election Camp Trust Fund Cor  CTORS  Delete                                 | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME NAME  | Added to Fees                                      | Florida Department of STO OFFICERS AND DIRECTORS I Change                | State N 10 Addition Addition                               |  |
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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/04 (305)620-422; Daying Phone #