2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# N04000011262

Entity Name: TRI-LATERAL GROUP,INC

Current Principal Place of Business:

545 JESSIE ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

545 JESSIE ST
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 20-1963148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMESON, DAMON
545 JESSIE ST
JACKSONVILLE, FL 32206 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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: JAMESON, DAMON
Address: 545 JESSIE ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: CFO ( ) Delete
Name: POLK, JD
Address: PO BOX 747
City-St-Zip: WALTHOURVILLE, GA 31333

Title: VP ( ) Delete
Name: TOMERLIN, AUDREY
Address: 6321 ELISE DR
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEO (X) Change ( ) Addition
Name: POLK, JD
Address: PO BOX 747
City-St-Zip: WALTHOURVILLE, GA 31333

Title: CFO (X) Change ( ) Addition
Name: JOHNSON, PHILIP A
Address: 4944 ORTEGA HILLS DR
City-St-Zip: JACKSONVILLE, FL 32244

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JD POLK CEO 07/03/2006

Electronic Signature of Signing Officer or Director — Date