2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001409

Entity Name: TROJAN LACROSSE, INC.

FILED Jan 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8968 NW 20TH MANOR 612 NW 109TH TER

CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 US

Current Mailing Address: New Mailing Address:

8968 NW 20TH MANOR 612 NW 109TH TER

CORAL SPRINGS, FL 33071 US

FEI Number: 20-2336646 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:

LAMPHERE, LORRAINE LETIZIA, MAUDI 8968 NW 20TH MANOR 612 NW 109TH TER

CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33071 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: MAUDI LETIZIA 01/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

Name: LAMPHERE, LORRAINE Name: LETIZIA, MAUDI
Address: 8968 NW 20TH MANOR Address: 612 NW 109TH TER

City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D () Delete Title: D (X) Change () Addition Name: LETIZIA, MAUDI Name: LESCH, PEG

 Address:
 612 NW 109 TERRACE
 Address:
 927 NW 87TH AVE

 City-St-Zip:
 CORAL SPRINGS, FL 33071 US
 City-St-Zip:
 CORAL SPRINGS, FL 33071 US

Title: D () Delete Title: () Change () Addition

 Name:
 HERZOG, ROBERT
 Name:

 Address:
 9357 NW 5 ST
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33071 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MAUDI LETIZIA PRES 01/27/2008