

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006611

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: TRINI-TEE ONE, INC.

**Current Principal Place of Business:**

19270 NW 33RD CT.  
CAROL CITY, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

19270 NW 33RD CT.  
CAROL CITY, FL 33056

**New Mailing Address:**

FEI Number: 51-0590424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, MARCIA  
19270 NW 33RD CT.  
CAROL CITY, FL 33056 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: DCPF ( ) Delete  
Name: MILLER, MARCIA  
Address: 19270 NW 33RD CT.  
City-St-Zip: CAROL CITY, FL 33056

Title: DCCV ( ) Delete  
Name: WILCOX, WANDA  
Address: 18401 NW 43 CT.  
City-St-Zip: CAROL CITY, FL 33055

Title: DS ( ) Delete  
Name: LLANIER, LATRISA  
Address: 726 CHILT DR.  
City-St-Zip: BRANDON, FL 33510

Title: T ( ) Delete  
Name: MILLER, RYAN  
Address: 19270 NW 33RD CT.  
City-St-Zip: CAROL CITY, FL 33056

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARCIA MILLER

CEO

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date