2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# N07000001356

Entity Name: TRINITY PPAL INC.

Current Principal Place of Business:

10320 HILLTOP DRIVE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

PO BOX 115
TRINITY, FL 34656

New Mailing Address:

FEI Number: 20-8297469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, CHARLENE R
10320 HILLTOP DRIVE
NEW PORT RICHEY, FL 34654 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: DIR ( ) Delete
Name: GORDON, CHARLENE R
Address: 10320 HILLTOP DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DIR (X) Delete
Name: STRICKLAND, LARRY
Address: 9710 RIVERCHASE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DIR (X) Delete
Name: WEBB, MICHEAL
Address: 6328 US HIGHWAY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SEC (X) Delete
Name: HAYSTRAND, DENISE
Address: 5148 WORTH COURT
City-St-Zip: NEW PORT RICHEY, FL 34653

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: CHARLENE R. GORDON DIR 03/31/2008

Electronic Signature of Signing Officer or Director — Date