

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 28, 2010
Secretary of State

Entity Name: TRIANGLE RECOVERY UNITED, INC.

Current Principal Place of Business:

6560 SWISSCO DR., APT. 324
ORLANDO, FL 32822

New Principal Place of Business:

3812 IBIS DR
ORLANDO, FL 32803

Current Mailing Address:

6560 SWISSCO DR., APT. 324
ORLANDO, FL 32822

New Mailing Address:

3812 IBIS DR
ORLANDO, FL 32803

FEI Number: 38-3787884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, MICHAEL E.
1036 N. MILLS AVE.
ORLANDO, FL 32853 US

Name and Address of New Registered Agent:

MORRIS, MICHAEL E.
419 N. MAGNOLIA AVENUE.
ORLANDO, FL 32801 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:

04/28/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC
Name: JARRETT, JASON G.
Address: 3812 IBIS DR.
City-St-Zip: ORLANDO, FL 32801

Title: DS
Name: MICHAEL, MAY
Address: 1707 ASHER LN
City-St-Zip: ORLANDO, FL 32803

Title: DT
Name: DUKE, GREG
Address: 150 E. ROBINSON ST., #2702
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: RIOS, SYLVIA H.
Address: 446 DREXEL RIDGE CIR.
City-St-Zip: OCOEE, FL 34761

Title: D
Name: SURY, WENDY
Address: 286 NEEDLES TRL
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: JASON GRAHAM JARRETT

DC

04/28/2010

Electronic Signature of Signing Officer or Director

Date