2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2010
Secretary of State

DOCUMENT# N09000003268

Entity Name: TRI-ING 4 CURE, INC.

Current Principal Place of Business:

6523 EMERSON AVE SOUTH
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

PO BOX 48241
ST. PETERSBURG, FL 33743

New Mailing Address:

6523 EMERSON AVE SOUTH
ST. PETERSBURG, FL 33707

FEI Number: **FEI Number Applied For (X)** **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:

HAINES, JOSHUA
6523 EMERSON AVE SOUTH
ST. PETERSBURG, FL 33707 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
Name: HAINES, JOSHUA
Address: 6523 EMERSON AVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: VP
Name: HAINES, AMY M
Address: 6523 EMERSON AVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: TRES
Name: BARNETT, PATTY A
Address: 13189 NORTH FOREST BEACH SHORES DRIVE
City-St-Zip: NORTHPORT, MI 49670

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: JOSHUA HAINES PRES 05/18/2010
Electronic Signature of Signing Officer or Director Date