

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000040151

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** TRIAL MEMBERSHIP SERVICES, INC.

**Current Principal Place of Business:**

739 SCALLOP DRIVE  
# 25  
PORT CANAVERAL, FL 32920

**New Principal Place of Business:**

739 SCALLOP DRIVE  
# 31  
PORT CANAVERAL, FL 32920

**Current Mailing Address:**

209 CANAVERAL BEACH BLVD.  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 59-3642163      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HAZELAAR, CHARLES  
209 CANAVERAL BEACH BLVD.  
CAPE CANAVERAL, FL 32920      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: D  
Name: HAZELAAR, CHARLES  
Address: 209 CANAVERAL BEACH BLVD.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D  
Name: HAZELAAR, SUZANNE  
Address: 209 CANAVERAL BEACH BLVD.  
City-St-Zip: CAPE CANAVERAL, FL 32920

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES HAZELAAR

OWN

04/17/2011

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

\_\_\_\_\_  
Date