2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P00000085856

Entity Name: TRICOPTER INC.

Current Principal Place of Business:

433 W. NEW ENGLAND AVE., #208
WINTER PARK, FL 32789 US

New Principal Place of Business:

974 PINELLI ST.
ORLANDO, FL 32803 US

Current Mailing Address:

P. O. BOX 160941
ALTAMONTE SPRINGS, FL 327160941 US

New Mailing Address:

FEI Number: 59-3666291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CENTOFANTE, PETER D
433 W. NEW ENGLAND AVE, #208
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

CENTOFANTE, PETER D
974 PINELLI ST
ORLANDO, FL 32803 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: PETER CENTOFANTE 04/15/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CENTOFANTE, PETER
Address: 433 W. NEW ENGLAND AVE, #208
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: CLARK, NATHAN
Address: 433 W. NEW ENGLAND AVE, #208
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CENTOFANTE, PETER
Address: 974 PINELLI ST
City-St-Zip: ORLANDO, FL 32789

Title: D (X) Change ( ) Addition
Name: CLARK, NATHAN
Address: 910 S MYRTLE AVENUE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER CENTOFANTE MR. 04/15/2005
Electronic Signature of Signing Officer or Director Date