2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018137

Entity Name: TRI STAR OF NAPLES, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
941 NORTH COLLIER E MARCO ISLAND, FL 34			
Current Mailing Address:		New Mailing Address:	
941 NORTH COLLIER E MARCO ISLAND, FL 34			
FEI Number: 59-3698325	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
KOVAL, ELEMIR 1477 BERMUDA RD MARCO ISLAND, FL 34145 US		ALL FLORIDA FIRM INC 813 DELTONA BLVD STE A BOX 1367360 DELTONA, FL 32725 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.

01/07/2009 SIGNATURE: OKENKA, PATRICK

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: Title: () Change () Addition KOVAL, ELEMIR Name: Name: 1477 BERMUDA RD Address: Address:

City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip:

Title: () Delete Title: (X) Change () Addition OKENKA, PATRICK Name: Name: OKENKA, PATRICK

Address: 316 CAPISTRANO CT Address: 941 NORTH COLLIER BLVD MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

Name: DIMITROV, IVAN Name: DIMITROV, IVAN 197 TAHITI CIRCLE, #A Address: 941 NORTH COLLIER BLVD Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: MARCO ISLAND, FL 34145

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

Ρ SIGNATURE: OKENKA, PATRICK 01/07/2009