

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000027855

FILED
Jan 28, 2009
Secretary of State

Entity Name: TRINITY TRUST ENTERPRISE, INC.

Current Principal Place of Business:

8435 E. COLONIAL DR
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

14326 HAMPSHIRE BAY CR
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-3705145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIYONO, ANDIE
14326 HAMPSHIRE BAY CR
WINTER GARDEN, FL 34787 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: FOEK, SHOHAN
Address: 14255 HAMPSIRE BAY CR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: SHO, STEFANUS
Address: 14255 HAMPSIRE BAY CR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: TRIYONO, ANDIE H
Address: 14326 HAMPSIRE BAY CR
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: TRIYONO, GABRIELLE
Address: 14326 HAMPSHIRE BAY CR
City-St-Zip: WINTER GARDEN, FL 34787

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.

SIGNATURE: SHOHAN FOEK

VPD

01/28/2009

Electronic Signature of Signing Officer or Director

Date