

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000074609</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                                                                                                                                       |
| 1. Entity Name<br>TRL ENTERPRISES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                                                                                                                                                                                                                                        |
| Principal Place of Business<br>30 AVENUE OF THE FLOWERS<br>LONGBOAT KEY, FL 34228                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         | Mailing Address<br>30 AVENUE OF THE FLOWERS<br>LONGBOAT KEY, FL 34228                                                                                                                                                                  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                                                                                                                                                        |
| 6. Name and Address of Current Registered Agent<br><br>MCWEEN, DAVID B ESQ.<br>150 SECOND AVENUE NORTH<br>SUITE 1500<br>ST. PETERSBURG, FL 33701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                                                                                                                                  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                                                                                                                                                                        |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                        |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | 4. FEI Number<br>65-1134885<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>7. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                                                                                                                                                                                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                       |                                                                                                                                                                                                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STRAFF, LARRY           |                                                                                                                                                                                                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3250 BAYOU ROAD         |                                                                                                                                                                                                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LONG BOAT KEY, FL 34228 |                                                                                                                                                                                                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                       |                                                                                                                                                                                                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STRAFF, ROBERTA         |                                                                                                                                                                                                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3250 BAYOU ROAD         |                                                                                                                                                                                                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LONG BOAT KEY, FL 34228 |                                                                                                                                                                                                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                                                                                                                                                                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                                                                                                                                                                                                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                                                                                                                                                                                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                                                                                                                                                                                                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                                                                                                                                                                                                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                                                                                                                                                                                                                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                        |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                         |                                                                                                                                                                                                                                        |
| SIGNATURE: <u>Larry Straff</u> <u>LARRY STRAFF</u> 4.26.06 941.387.3733<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                                                                                                                                                                                                                        |



04262005 No Chg-P CR2E034 (11/05)

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|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>65-1134885                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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05/17/06-80022-017 150.00

**DO NOT WRITE  
IN THIS SPACE**