## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2005 08:00-AM Secretary of State DOCUMENT # P01000084354 1. Entity Name TRI VENTURES INC. Principal Place of Business Mailing Address 14345 PALM BEACH POINT BLVD. 14345 PALM BEACH POINT BLVD. WELLINGTON, FL 33414 WELLINGTON, FL 33414 04282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1143816 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent NATIONAL REGISTERED AGENTS, INC. DO NOT WRITE 501 BRICKELL KEY DR, SUITE 602 MIAMI, FL 33131 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required whan reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150-00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. UNNOO0359045 05/04/05-80138-024 150.00 ITTLE WHISENAND, JAMES D NAME STREET ADDRESS 501 BRICKELL KEY DR, SUITE 602 CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee sempowered 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.

FILED

Daytime Phone #