


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90048 030 ***150.00

DOCUMENT # P01000088373 1. Entity Name TRINETICS GROUP, INC.					
Principal Place of Business 1885 ARMSTRONG DR. TITUSVILLE, FL 32780			Mailing Address 1885 ARMSTRONG DR. TITUSVILLE, FL 32780		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 01-0598352				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFIUS, SHIRLEY J 6003 BARNA AVENUE TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent Name Hofius, Mark W Street Address (P.O. Box Number is Not Acceptable) 6301 Whispering Lane City Titusville FL Zip Code 32780		
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 <u>Mark W. Hofius</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				01/18/2008 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOFIUS, DAVID V SR 6003 BARNA AVENUE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOFIUS, SHIRLEY J 6003 BARNA AVENUE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOFIUS, MARK W 3601 WHISPERING LANE TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Hofius, Mark W 6301 Whispering Lane Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GRUNDY, JANINE L 4607 HELENA DRIVE TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Grundy, Janine L 4609 Helena Drive Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Mark W. Hofius</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/18/2008 <small>Date</small>		(321) 383-3456 <small>Daytime Phone #</small>