


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90031 031 ***150.00

DOCUMENT # P01000089083	
1. Entity Name TRIM MASTER ENTERPRISES, INC.	

Principal Place of Business 2470 N. NARCOOSSEE RD. ST. CLOUD, FL 34771	Mailing Address 2470 N. NARCOOSSEE RD. ST. CLOUD, FL 34771
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2. Principal Place of Business 2850 NICOLE AVE. Suite, Apt. #, etc.	3. Mailing Address 2850 NICOLE AVE Suite, Apt. #, etc.
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City & State KISSIMMEE FLORIDA	City & State KISSIMMEE FLORIDA
Zip 34744	Country US
Zip 34744	Country US



03302004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3743325	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 VAN DALSEM, BRIAN DAVID 2470 N. NARCOOSSEE RD. ST. CLOUD, FL 34771		7. Name and Address of New Registered Agent Name BRIAN DAVID VAN DALSEM Street Address (P.O. Box Number is Not Acceptable) 2335 KINGS CREST CT City KISSIMMEE FL Zip Code 34744	
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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 **BRIAN D. VANDALSEM** DATE **3/30/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VAN DALSEM, BRIAN DAVID 2470 N. NARCOOSSEE RD. ST. CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BRIAN D VANDALSEM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2335 KINGS CREST CT. KISSIMMEE FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BREYTON, CHRISTOPHER J. 2470 N. NARCOOSSEE RD. ST. CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BREYTON CHRISTOPHER J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2850 NICOLE AVE KISSIMMEE FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	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	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	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 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 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: **Brian D. Van Dalsem** DATE **3/30/04** (407) 348-6020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR