

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089083

FILED
Mar 19, 2005
Secretary of State

Entity Name: TRIM MASTER ENTERPRISES, INC.

Current Principal Place of Business:

2850 NICOLE AVE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2850 NICOLE AVE
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3743325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN DALSEM, BRIAN DAVID
2335 KINGS CREST CT
KISSIMMEE, FL 34744 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: PD () Delete
Name: VAN DALSEM, BRIAN DAVID
Address: 2335 KINGS CREST CT
City-St-Zip: KISSIMMEE, FL 34744

Title: V () Delete
Name: BRENTON, CHRISTOPHER J.
Address: 2850 NICOLE AVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: BRETON, CHRISTOPHER J.
Address: 2850 NICOLE AVE
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTOPHER BRETON

V

03/19/2005

Electronic Signature of Signing Officer or Director

_____ Date