## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000117160

City-St-Zip:

ENGLEWOOD, FL 34223

FILED Feb 01, 2007 Secretary of State

Entity Nan	ne: THRE	E C'S TRI	JCKING, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
1811 ENGLEWOOD RD. STE:300 ENGLEWOOD, FL 34223								
Current Mailing Address:					New Mailing Address:			
1811 ENGLEWOOD RD #300 #300 ENGLEWOOD, FL 34223								
FEI Number:	03-0471048	FEIN	umber Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of Status De	sired ( )
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
WALLACE, LYLE 433 SUNSET DR. ENGLEWOOD, FL 34223 US					LAWRENCE, PERRY S 1811 ENGLEWOOD ROAD SUITE 300 ENGLEWOOD, FL 34223 US			
The above in the State			s this statement for the p	urpose o	f changing it	s registered o	office or registered age	ent, or both,
SIGNATURE: PERRY S. LAWRENCE					02/01/2007			
Electronic Signature of Registered Agent					Date			
Election Carr	ıpaign Finan	cing Trust I	Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD LAWRENCI P. O. BOX ( PLACIDA, F	305			Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		() Delete /ICTOR HMONT DR. OD, FL 342	23		Title: Name: Address: City-St-Zip:	SD (X MELLOR, VICT 1190 LARCHM ENGLEWOOD	ONT DR.	
Title: Name: Address:	VD WALLACE, 433 SUNSE				Title: Name: Address:	(	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: PERRY S. LAWRENCE PD 02/01/2007