2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004
Secretary of State

DOCUMENT# P02000017413

Entity Name: TRILLIUM MANAGEMENT RESOURCES INC.

Current Principal Place of Business:

1396 NW 159TH AVE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

401 NW 152 AVE
PEMBROKE PINES, FL 33028

Current Mailing Address:

15751 SHERIDAN ST
115
FORT LAUDERDALE, FL 33331

New Mailing Address:

FEI Number: 75-3007380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSTA, JEAN A ESQ
1628 CYPRESS POINTE DRIVE
CORAL SPRINGS, FL 33071 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: IRVINE, NEIL G
Address: 1396 NW 159TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: MCCOURT, JOANNE P
Address: 1396 NW 159TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: IRVINE, NEIL G
Address: 401 NW 152 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D (X) Change ( ) Addition
Name: MCCOURT, JOANNE P
Address: 401 NW 152 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

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: NEIL G. IRVINE D 08/17/2004

Electronic Signature of Signing Officer or Director Date