2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# P02000031518

Entity Name: TRICIRCLE HOLDINGS, INC.

Current Principal Place of Business:

17220 CASTLEVIEW DRIVE
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

PO BOX 51030
FORT MYERS, FL 33994

New Mailing Address:

FEI Number: 01-0647406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEDEUGD, WILLEM
17220 CASTLEVIEW DR
N FT MYERS, FL 33917 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: DE DEUGD, WILLEM
Address: 17220 CASTLEVIEW DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VD ( ) Delete
Name: DE DEUGD, DANIEL A
Address: 17220 CASTLEVIEW DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: STD ( ) Delete
Name: DE DEUGD, MARIANNE J
Address: 17220 CASTLEVIEW DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BILL DEDEUGD PD 03/18/2005

Electronic Signature of Signing Officer or Director — Date