


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

| | |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P02000057324 |  |
| 1. Entity Name TRITONE SYSTEMS, INC. | |

| | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business 4940 NE 27 AVE LIGHTHOUSE POINT, FL 33064 | Mailing Address 4940 NE 27 AVE LIGHTHOUSE POINT, FL 33064 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number NOT APPLICABLE | 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

**PIRKLE, WILL
4940 NE 27 AVE
LIGHTHOUSE POINT, FL 33064**

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

| | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

| | |
|--------------------------------------------------|-----------------------------|
| TITLE PSD | NAME PIRKLE, WILL |
| STREET ADDRESS 4940 NE 27 AVE | |
| CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/31/05-80065-020 150.00

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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  **1-25-05** **954 5962534**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #