2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068282

Entity Name: TRI-US INDUSTRIES, INC.

FILED Aug 06, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
CHITTANT Principal Place of Blicipace	NAW Principal Place of Kilsiness:

1346 ROBBIE DRIVE 2457 INDIGO AVENUE JACKSONVILLE, FL 32220 JACKSONVILLE, FL 32068

Current Mailing Address: New Mailing Address:

1346 ROBBIE DRIVE 2457 INDIGO AVENUE JACKSONVILLE, FL 32220 MIDDLEBURG, FL 32068

FEI Number: 42-1541098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YARBER, WILEY L

1346 ROBBIE DRIVE

JACKSONVILLE, FL 32220

US

COX, BILLY J

2457 INDIGO AVENUE

MIDDLEBURG, FL 32068

US

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: BILLY J COX 08/06/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition

 Name:
 YARBER, WILEY L
 Name:
 COX, BILLY J

 Address:
 1346 ROBBIE DRIVE
 Address:
 2457 INDIGO AVENUE

 City-St-Zip:
 JACKSONVILLE, FL 32220
 City-St-Zip:
 MIDDLEBURG, FL 32068

Title: VD (X) Delete Title: () Change () Addition

 Name:
 YARBER, SANDRA D
 Name:

 Address:
 1346 ROBBIE DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32220
 City-St-Zip:

Title: SD (X) Delete Title: () Change () Addition

 Name:
 COX, BILLY J
 Name:

 Address:
 1346 ROBBIE DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32220
 City-St-Zip:

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

SIGNATURE: BILLY COX P 08/06/2007