2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086854

Title:

Name:

Address:

City-St-Zip:

ВМ

GALLON, VIRGINIA

MIAMI, FL 33169

771 N.W. 167 TERRACE

() Delete

Entity Name: TRI - STAR LEADERSHIP, INC

FILED Aug 31, 2008 Secretary of State

Littly Nai	ile. TRI-STA	RELADERSHIF, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
771 N.W. 1 MIAMI, FL	167 TERRACE 33169				
Current Mailing Address:			New Mailing Address:		
771 N.W. 1 MIAMI, FL	167 TERRACE 33169				
FEI Number:	47-0883535	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:	
GALLON, S 777 NW 16 MIAMI, FL	37TH TERRAC	CE CONTRACTOR OF THE CONTRACTO			
	named entity : e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () GALLON, STEV 777 NW 167TH MIAMI, FL 331	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () GALLON, STEV 771 N.W. 167 T MIAMI, FL 331	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	2VP () GALLON, KAST 771 N.W. 167 T MIAMI, FL 331	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RS () PICKETT, FRE 1310 NW 88 S ⁻ MIAMI, FL 331	Г	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEVE GALLON III P 08/31/2008

() Change () Addition