2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P02000091927

Entity Name: TRISTRAM ENTERPRISES, INC.

Current Principal Place of Business:

1180 SPRING CENTRE SOUTH BLVD.
SUITE 203
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

690 N. SEMORAN BLVD
ORLANDO, FL 32708

Current Mailing Address:

1180 SPRING CENTRE SOUTH BLVD.
SUITE 203
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

690 N. SEMORAN BLVD.
ORLANDO, FL 32708

FEI Number: 56-2341677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JABBARI, MIKE
1180 SPRING CENTRE SOUTH BLVD.
SUITE 203
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

JABBARI, MIKE
690 N. SEMORAN BLVD
ORLANDO, FL 32708 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: MJABBARI 04/27/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COFFIN, JAMES N
Address: 1180 SPRING CENTRE SOUTH BLVD. SUITE 203
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete
Name: COFFIN, JAMES P
Address: 1180 SPRING CENTRE SOUTH BLVD. SUITE 203
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ST ( ) Delete
Name: COFFIN, LEONIE D
Address: 1180 SPRING CENTRE SOUTH BLVD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 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: JAMES COFFIN P 04/27/2007
Electronic Signature of Signing Officer or Director Date