


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000104450		
1. Entity Name TRITEK SYSTEMS, INC.		

Principal Place of Business 1881 INDIAN RIVER DRIVE ORANGE PARK, FL 32003	Mailing Address 1881 INDIAN RIVER DRIVE ORANGE PARK, FL 32003
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2. Principal Place of Business <i>1831 Hickory Trace Drive</i> Suite, Apt. #, etc.	3. Mailing Address <i>1831 Hickory Trace Drive</i> Suite, Apt. #, etc.
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City & State <i>Orange Park Florida</i>	City & State <i>Orange Park Florida</i>
Zip <i>32003</i>	Zip <i>32003</i>
Country <i>USA</i>	Country <i>USA</i>



06012006 REIN-P CR2E098 (11/05) **05-06**

4. FEI Number 52-2379522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DEROSSETT, JAMES A 1881 INDIAN RIVER DRIVE ORANGE PARK, FL 32003
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7. Name and Address of New Registered Agent Name <i>James A. Derossett</i> Street Address (P.O. Box Number is Not Acceptable) <i>1831 Hickory Trace Drive</i> City <i>Orange Park</i> FL Zip Code <i>32003</i>
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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 *[Signature]* DATE *6/1/06*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEROSSETT, JAMES A 1881 INDIAN RIVER DRIVE ORANGE PARK, FL 32003 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$28/8</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Derossett, James A.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1831 Hickory Trace Drive</i> <i>Orange Park, FL 32003</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000076163110</b> <b>06/14/06--01006--001 **308.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* DATE *6/1/06* DAYTIME PHONE # *(904) 244 8626*

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR