
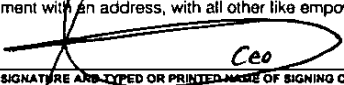


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90165 001 *1,050.00

DOCUMENT # P02000109003 1. Entity Name TRIALGRAPHIX, INC.			
Principal Place of Business 455 NE 40TH ST MIAMI, FL 33137		Mailing Address 455 NE 40TH ST MIAMI, FL 33137	
2. Principal Place of Business 3300 CORPORATE WAY Suite, Apt. #, etc.		3. Mailing Address 3300 CORPORATE WAY Suite, Apt. #, etc.	
City & State MIRAMAR, FL		City & State MIRAMAR, FL	
Zip 33025		Zip 33025	
Country USA		Country USA	
4. FEI Number 05-0538152		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 STOLBERG, DAVID 455 NE 40TH ST MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3300 CORPORATE WAY City MIRAMAR FL Zip Code 33025	
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 reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD NAME STOLBERG, STEVEN STREET ADDRESS 455 NE 40TH ST CITY-ST-ZIP MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE 3300 CORPORATE WAY NAME MIRAMAR, FL 33025 STREET ADDRESS 3300 CORPORATE WAY CITY-ST-ZIP MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME STOLBERG, DAVID STREET ADDRESS 455 NE 40TH ST CITY-ST-ZIP MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete	TITLE 3300 CORPORATE WAY NAME MIRAMAR, FL 33025 STREET ADDRESS 3300 CORPORATE WAY CITY-ST-ZIP MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME HOLBORN, ERICA STREET ADDRESS 156 NE 40TH STREET CITY-ST-ZIP MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE 3300 CORPORATE WAY NAME MIRAMAR, FL 33025 STREET ADDRESS 3300 CORPORATE WAY CITY-ST-ZIP MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DC NAME GRAHAM, LYNN STREET ADDRESS 10200 GROGANS MILL ROAD, SUITE 350 CITY-ST-ZIP THE WOODLANDS, TX 73380	<input checked="" type="checkbox"/> Delete	TITLE PELISEK, DAVID NAME 777 E. WISCONSIN AVE. STREET ADDRESS MILWAUKEE, WI 53202 CITY-ST-ZIP MILWAUKEE, WI 53202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME NOARD, TRACY STREET ADDRESS 135 LASALLE STREET CITY-ST-ZIP CHICAGO, IL 60603	<input type="checkbox"/> Delete	TITLE NOARD, TROY NAME NOARD, TROY STREET ADDRESS NOARD, TROY CITY-ST-ZIP NOARD, TROY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KATZ, DAVID STREET ADDRESS 135 LASALLE STREET CITY-ST-ZIP CHICAGO, IL 60603	<input checked="" type="checkbox"/> Delete	TITLE NOARD, TROY NAME NOARD, TROY STREET ADDRESS NOARD, TROY CITY-ST-ZIP NOARD, TROY	<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:  ceo Steve Stolberg SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/3/06 Date	(305) 576-5400 Daytime Phone

66010097



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