## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000124012

Entity Name: TRIDENT MEDIA CONSULTING, INC.

7801 MAPLEWOOD DR. #904

WEST MELBOURNE, FL 32904

Address: City-St-Zip: FILED Apr 29, 2005 Secretary of State

| •   |                              | · ····, · · · · · · · · · · · · · · ·              |   |  |  |
|---|------------------------------|--|---|--|--|
| Current P                                     | rincipal Plac                | e of Business:                                     | New Principal Place of Business:            |  |  |
| 401 PARK<br>SATELITE                          | AVE<br>BEACH, FL             | 32937  |   |  |  |
| Current Mailing Address:                      |                              |  | New Mailing Address:                        |  |  |
| 401 PARK<br>SATELITE                          | AVE<br>BEACH, FL             | 32937  |   |  |  |
| FEI Number                                    | : 45-5275135                 | 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:   |  |  |
| 401 PARK<br>SATELITE                          | BEACH, FL                    |  | ourpose of changing its registere           | d office or registered agent, or both,       |  |
|   | e of Florida.                | •  |   | ,  |  |
| SIGNATU                                       |                              |  |   |  |  |
| Electronic Signature of Registered Agent      |                              |  | ent   | Date   |  |
| Election Ca                                   | mpaign Financir              | g Trust Fund Contribution ( ).                     |   |  |  |
| OFFICERS AND DIRECTORS:                       |                              |  | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | GRIMES, JR.,<br>401 PARK AVE |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | GRIMES, JOA<br>7801 MAPLEV   | ) Delete<br>N C<br>VOOD DR. #904<br>URNE, FL 32904 | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:                               | STD (<br>GRIMES, BRU         | ) Delete<br>CE S                                   | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: BRUCE S. GRIMES JR. PD 04/29/2005