2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-13-2006 90299 017 ***150.00

DOCUMENT # P03000016580

1. Entity Name
TRINITY BEEF, INC.

Principal Place of Business	Mailing Address
3216 LITTLE ROAD NEW PORT RICHEY, FL 34655	3216 LITTLE ROAD NEW PORT RICHEY, FL 34655

02282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3216 Little Rd	3216 Little Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey FL	City & State: New Port Richey FL
Zip: 34655 Country: United States	Zip: 34655 Country: United States

4. FEI Number: 81-0778835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Matthew Connor 4/25/06
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELLODY, JAMES JR 5205 CARLSAJA DRIVE VALRICO, FL 33597	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASSARO, JOSEPH J 6119 KINGBIRD MANOR LITHIA, FL 33947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELLODY, SEAN B 2504 OBRAPIA STREET TAMPA, FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O CORROR, MATTHEW 13936 JACOBSEA DRIVE ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O CONNOR, MATTHEW 13936 JACOBSON DRIVE ODESSA, FL 33556	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Matthew Connor Matthew Connor 4/25/06 (727)376-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #