2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021686

Entity Name: TRINITY ENTERPRISE INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11020 PEMBROKE RD. #273 11210 SW 51 STREET

MIRAMAR, FL 33025 FORT LAUDERDALE, FL 33330

Current Mailing Address: New Mailing Address:

11020 PEMBROKE RD. #273 2114 NORTH FLAMINGO ROAD #1194

MIRAMAR, FL 33025 PEMBROKE PINES, FL 33028

FEI Number: 90-0118013 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:

BARRY- AUSTIN, SAMUEL BARRY- AUSTIN, SAMUEL 11020 PEMBROKE RD. #273 11210 SW 51 STREET

MIRAMAR, FL 33025 FORT LAUDERDALE, FL 33330 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: SAMUEL BARRY-AUSTIN 04/29/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BARRY- AUSTIN, TRINITA Name: BARRY- AUSTIN, TRINITA Name: 11020 PEMBROKE RD. #273 2114 NORTH FLAMINGO ROAD #1194 Address: Address:

City-St-Zip: MIRAMAR, FL 33025 US City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: () Delete Title: (X) Change () Addition BARRY- AUSTIN, SAMUEL Name: Name: BARRY- AUSTIN, SAMUEL

Address:

11020 PEMBROKE RD. #273 Address: 2114 NORTH FLAMINGO ROAD #1194 MIRAMAR, FL 33025 US PEMBROKE PINES, FL 33028 US City-St-Zip: 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: TRINITA BARRY-AUSTIN **PST** 04/29/2008