
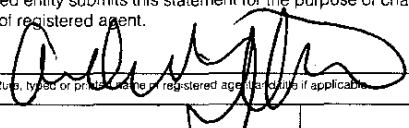
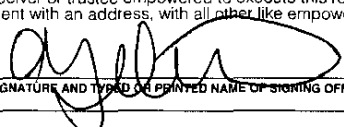


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90346 044 \*\*\*150.00

<b>DOCUMENT # P03000031732</b> 1. Entity Name <b>TRI COUNTY WALL SYSTEMS GROUP, INC.</b>																																					
Principal Place of Business <b>1570 KELLEY AVENUE UNIT #2 KISSIMMEE, FL 34744</b>			Mailing Address <b>717 EAST OAK STREET KISSIMMEE, FL 34744</b>																																		
2. Principal Place of Business		3. Mailing Address																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																			
City & State		City & State																																			
Zip		Country		Zip																																	
				Country																																	
4. FEI Number <b>56-2329853</b>				Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>SWART, HARRY J CPA 717 E. OAK STREET KISSIMMEE, FL 34744</b>			7. Name and Address of New Registered Agent Name <b>Andrew Tanzillo</b> Street Address (P.O. Box Number is Not Acceptable) <b>1570 Kelley Ave. Unit #2</b> City <b>Kissimmee</b> FL Zip Code <b>34744</b>																																		
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  <b>Andrew Tanzillo</b> DATE <b>4/17/04</b> <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <b>D TANZILLO, ANDREW H 1654 MARINA LAKE DR. KISSIMMEE, FL 34744</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TANZILLO, ANDREW H 1654 MARINA LAKE DR. KISSIMMEE, FL 34744</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <b>P, S, T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, S, T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition														
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE <b>4/17/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					

24047757



03312004 Chg-P CR2E034 (10/03)