

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036737

FILED
Apr 24, 2009
Secretary of State

Entity Name: GREG TRIBBEY, INC.

Current Principal Place of Business:

11850 NW 40 PLACE
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

11850 NW 40 PLACE
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 54-2103933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIBBEY, GREG
11850 NW 40 PLACE
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: TRIBBEY, GREG
Address: 11850 NW 40 PLACE
City-St-Zip: SUNRISE, FL 33323

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: TRIBBEY, GREG
Address: 11850 NW 40 PLACE
City-St-Zip: SUNRISE, FL 33323 US

Title: P.D. () Change (X) Addition
Name: TRIBBEY, GREG
Address: 11850 N. W. 40 PLACE
City-St-Zip: SUNRISE, FL 33323 US

Title: P.D. () Change (X) Addition
Name: TRIBBEY, GREG
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Title: P.D. () Change (X) Addition
Name: TRIBBEY, GREG
Address: 11850 N. W. 40 PLACE
City-St-Zip: SUNRISE, FL 33323 US

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: GREG TRIBBEY

Electronic Signature of Signing Officer or Director

P.D.

04/24/2009

Date