2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

Mar 13, 2006 08:00 AM Secretary of State **DOCUMENT # P03000140886** 1. Entity Name TRUSTEDPOINT, INC. Principal Place of Business Mailing Address 130 WEST 29TH ST. 130 WEST 29TH ST. 6TH FLR. 6TH FLR. NEW YORK, NY 10001 NEW YORK, NY 10001 CR2E034 (11/05) No Chg-P 03082006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0439479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Secuired 5. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. DO NOT WRITE 515 E. PARK AVE. TALLAHASSEE, FL 32301 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, typed or printed name of registered again and him if applicable. DATE (NOTE Registered Agent algorature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 100000466666 Trust Fund Contribution. Added to Fees <u>เรียกริกับชี-ซีบีบัลบี-บีบี</u>2 OFFICERS AND DIRECTORS 10 60 TITLE CHEUNG, WENDY NAME STREET ADDRESS 130 WEST 29TH ST., 6TH FLR. NEW YORK, NY 10001 CUTY-ST-ZiP and the second substitution of the second TITLE THE STREET STREET NAME STREET ADDRESS CITY-ST-ZIP TITLE The second of th NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP RILE the age of the same of the same of STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the comparation 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CRECTOR

FILED