## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000030934

Entity Name: TRIUNE ENTERTAINMENT GROUP INC

FILED May 03, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2648 NW 2 SUITE A MIAMI, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2648 NW 2 SUITE A MIAMI, FL					
FEI Number:	FEI	Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and	Address of Currer	nt Registered Agent:	Name and Address	of New Registered Agent:	
JAYEN ASSOCIATES, INC. 7200 NW 44TH COURT LAUDERHILL, FL 33319 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.					
SIGNATUF		nature of Registered Ager	nt	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND				ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete WILLIAMS, BYRON 7782 NW 18 ST PEMBROKE PINES, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete KNIGHT, OWEN 3133 NW 108TH TERF SUNRISE, FL 33321 U	RACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete JOHNSON, JEWEL 7200 NW 44TH COUR LAUDERHILL, FL 333	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete MARTINEZ, MELVIN J 921 EAST 47TH STRE HIALEAH, FL 33013 U	ET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () Delete MATTHEWS, JOEL PO BOX 172102 MIAMI LAKES, FL 330		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: BYRON WILLIAMS MR 05/03/2006