## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000090179

Entity Name: TRIPLOGIX CORPORATION

1501 E. BROWARD BOULEVARD

FORT LAUDERDALE, FL 33301

Address:

City-St-Zip:

FILED Apr 26, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5150 GOLDENROD PLACE ROAD WINTER PARK, FL 32792 **Current Mailing Address: New Mailing Address:** 5150 GOLDENROD PLACE ROAD WINTER PARK, FL 32792 FEI Number: 59-3732347 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: MASSEY, GARY E 100 W. CITRUS STREET ALTAMONTE SPRINGS, FL 32714 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition VAN SWEARINGEN, AARON Name: Name: 5150 GOLDENROD PLACE ROAD Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: VSD (X) Delete Title: () Change () Addition COX, DANIEL Name: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AARON VAN SWEARINGEN PTD 04/26/2005