2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094561

Entity Name: TRI CONNEX CORP.

FILED Sep 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

208 NW PLEASANT GROVE WAY
PORT SAINT LUCIE, FL 34986

183 NW PLEASANT GROVE WAY
PORT SAINT LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

208 NW PLEASANT GROVE WAY PORT SAINT LUCIE, FL 34986 183 NW PLEASANT GROVE WAY PORT SAINT LUCIE, FL 34986

FEI Number: 20-1346996 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:

BERGGREN, JAMES

208 NW PLEASANT GROVE WAY
PORT SAINT LUCIE, FL 34986 US

BERGGREN, JAMES

183 NW PLEASANT GROVE WAY
PORT SAINT LUCIE, FL 34986 U

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: 09/10/2005

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

PORT SAINT LUCIE, FL 34986

OFFICERS AND DIRECTORS:

City-St-Zip:

PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 BERGGREN, JESSICA
 Name:
 BERGGREN, JESSICA

 Address:
 208 NW PLEASANT GROVE WAY
 Address:
 183 NW PLEASANT GROVE WAY

 City-St-Zip:
 PORT SAINT LUCIE, FL 34986
 City-St-Zip:
 PORT SAINT LUCIE, FL 34986

Title: V () Delete Title: V (X) Change () Addition Name: BERGGREN, JAMES LLOYD JR Name: BERGGREN, JAMES LLOYD JR Address: 208 NW PLEASANT GROVE WAY

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: JAMES BERGGREN V 09/10/2005