

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000106700
1. Entity Name
TRINEES, INC.



Principal Place of Business
**11038 DAWNVIEW LANE
ORLANDO, FL 32825 US**

Mailing Address
**11038 DAWNVIEW LANE
ORLANDO, FL 32825 US**

DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1382738

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NAYEE, VIJAYKUMAR D
11038 DAWNVIEW LANE
ORLANDO, FL 32825**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAYEE, VIJAYKUMAR D 11038 DAWNVIEW LANE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO NAYEE, SUMITABEN V 11038 DAWNVIEW LANE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/06-80084-020 158.75

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12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7 04 - 12 - 2006** Daytime Phone #: **407-737-1360**