

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124751

FILED
Apr 16, 2007
Secretary of State

Entity Name: TRITON PROFESSIONAL SERVICES, CORP.

Current Principal Place of Business:

5508 E TORINO PKWY APT 207
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5508 E TORINO PKWY APT 207
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-1559396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA SILVA, DENIS A
5508 E TORINO PKWY APT 207
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: DA SILVA, DENIS A
Address: 5508 E TORINO PKWY APT 207
City-St-Zip: PORT ST LUCIE, FL 34986

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DA SILVA, DENIS A
Address: 5508 E TORINO PKWY APT 207
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: D () Change (X) Addition
Name: OLIVEIRA, ISAIAS
Address: 110 DELGADO DR
City-St-Zip: FORT PIERCE, FL 34947 US

Title: D () Change (X) Addition
Name: MENEZES, ALESSANDER A
Address: 5508 NW EAST TORINO PKWY SUITE 205
City-St-Zip: PORT ST LUCIE, FL 34986 US

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: DENIS A DA SILVA

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date