2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143569

Address:

City-St-Zip:

6150 NE 6TH AVE

OAKLAND PARK, FL 33334 US

Entity Name: TRICENTRAL INVESTING COMPANY

FILED Jan 23, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
9756 VINE BOCA RA	YARD CT FON, FL 33428 US			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
P.O. BOX (FORT LAL	491054 IDERDALE, FL 33349 US			
FEI Number:	47-0946313 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:				
HANSON, 6150 NE 6 APT 131 OAKLAND				
	named entity submits this statement for the $\ensuremath{\wp}$ of Florida.	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Ag	ent	Date	
Election Car	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P, D () Delete HANSON, JASON S 6150 NE 6TH AVE OAKLAND PARK, FL 33334 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP,T () Delete HANSON, JOAN 6150 NE 6TH AVE OAKLAND PARK, FL 33334 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S, D () Delete STERLING, LLOYD L 6150 NE 6TH AVE OAKLAND PARK, FL 33334 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete HANSON, JOAN	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JOAN HANSON VP,T 01/23/2008