
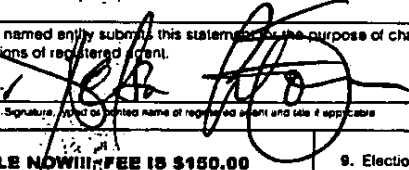
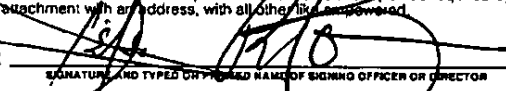


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

8/

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90003 050 \*\*\*150.00

DOCUMENT # P04000166813			
1. Entity Name TRISTAR MARKETING REPS INC			
Principal Place of Business 4310 SWIFT CIRCLE VALRICO, FL 33594		Mailing Address 4310 SWIFT CIRCLE VALRICO, FL 33594	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PIERANTONI, NELSON 4310 SWIFT CIRCLE VALRICO, FL 33594		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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: 8/1/05	
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>Due by September 7, 2005</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p> <p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PIERANTONI, NELSON 4310 SWIFT CIRCLE VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		DATE: 8/1/05	
SIGNATURE AND TYPED CITY, STATE AND NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66026524



07312005 Chg-P CR2E034 (10/03)

4. FEI Number 20-2075149 Applied For Not Applicable

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PIERANTONI, NELSON 4310 SWIFT CIRCLE VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  DATE: 8/1/05

SIGNATURE AND TYPED CITY, STATE AND NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #