

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P05000052528

1. Entity Name

NORTH OCALA TRIUM CORP.



**FILED  
May 02, 2006 8:00 am  
Secretary of State**

05-02-2006 90219 006 \*\*\*150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business 2102 NE 38TH AVE OCALA FL 34470		Mailing Address 2102 NE 38TH AVE OCALA FL 34470	
2. Principal Place of Business 3952 INVERNEY Drive Suite, Apt. #, etc.		3. Mailing Address 3952 INVERNEY Drive Suite, Apt. #, etc.	
City & State Lauderhill FL		City & State Lauderhill FL	
Zip 33319	Country USA	Zip 33319	Country USA
6. Name and Address of Current Registered Agent  PORCOLAN, MARK 2102 NE 38TH AVE OCALA FL 34470			
7. Name and Address of New Registered Agent  Name: <u>Mark Porcelan</u> Street Address (P.O. Box Number is Not Acceptable) 3952 INVERNEY Drive City: <u>Lauderhill</u> FL Zip Code <u>33319</u>			

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 Mark Porcelan

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reniscing)

DATE

4/21/06

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PORCOLAN, MARK 2102 NE 38TH AVE OCALA FL 34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Porcelan, MARK 3952 INVERNEY Drive Lauderhill FL 33319
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
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
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
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
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
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 exemptions contained in Section 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: Mark Porcelan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #