
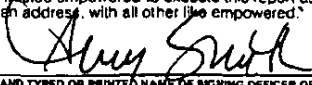


FILED  
May 23, 2007 8:00 am  
Secretary of State

04-23-2007 90049 008 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

4/2

DOCUMENT # P05000053189			
1. Entity Name TRIMBLE HOLDINGS, INC.			
Principal Place of Business 6402 W LINEBAUGH AVE TAMPA, FL 33625		Mailing Address 17511 NORTH DALE MABRY LUTZ, FL 33548	
2. Principal Place of Business - No P.O. Box # 1915 Rebecca Road		3. Mailing Address 1915 Rebecca Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lutz Florida		City & State Lutz FL 8	
Zip 33548		Country USA	
4. FEI Number 81-0609493 APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, AMY 17511 NORTH DALE MABRY LUTZ, FL 33548		7. Name and Address of New Registered Agent Name Amy Smith Street Address (P.O. Box Number is Not Acceptable) 1915 Rebecca Road City Lutz FL Zip Code 33548	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SMITH, AMY 1915 REBECCA RD LUTZ, FL 33548 <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
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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 exemptions contained in Chapter 19, 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: 		4/13/07 813-843-1402	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	