

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90002 024 ***150.00

DOCUMENT # P05000078005 1. Entity Name TRIZZY ENTERPRISES, INC.					
Principal Place of Business 1261 TIMBERLAND TRAIL ALTAMONTE SPRINGS, FL 32714			Mailing Address 1261 TIMBERLAND TRAIL ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 1062 WEST SR 436 Suite, Apt. #, etc.		3. Mailing Address 1261 S Timberland Suite, Apt. #, etc.			
City & State ALTAMONTE SPRINGS FL		City & State Altamonte Springs FL		4. FEI Number 20-2895337	
Zip 32714		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUELOVE, TRACEY S 1261 TIMBERLAND TRAIL ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD TRUELOVE, TRACEY S 1261 TIMBERLAND TRAIL ALTAMONTE SPRINGS, FL 32714 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRUELOVE, REGINA A 1261 TIMBERLAND TRAIL ALTAMONTE SPRINGS, FL 32714 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Tracey S. Trulove</u> TRACEY S. TRUELOVE <u>8/7/06</u> <u>407-862-7355</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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