2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# P05000092879

Entity Name: TRINITY FINANCIAL CENTER, INC.

Current Principal Place of Business:

1722 S BORDER AVE
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

1722 S BORDER AVE
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 65-1253910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, TIMOTHY R
1722 S BORDER AVE
INVERNESS, FL, FL 34452 US

Name and Address of New Registered Agent:

WALLACE, TIMOTHY R
2036 W. HWY 44
INVERNESS, FL, FL 34453 US

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.

SIGNATURE: 01/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: WALLACE, TIMOTHY R
Address: 1722 S BORDER AVE
City-St-Zip: INVERNESS, FL 34452

Title: P ( ) Delete
Name: HAYES, BRYAN L
Address: 6104 E. WILLOW ST.
City-St-Zip: INVERNESS, FL 34452

Title: S ( ) Delete
Name: HAYES, RENITRA D
Address: 6104 E WILLOW ST.
City-St-Zip: INVERNESS, FL 34452

Title: T ( ) Delete
Name: HAYES, BRYAN L
Address: 6104 E WILLOW ST.
City-St-Zip: INVERNESS, FL 34452

Title: VP (X) Delete
Name: WALLACE, DREAMA D
Address: 1722 S BORDER AVE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: WALLACE, TIMOTHY R
Address: 2036 . HWY 44 W
City-St-Zip: INVERNESS, FL 34453

Title: P (X) Change ( ) Addition
Name: HAYES, BRYAN L
Address: 2036 HWY 44 W
City-St-Zip: INVERNESS, FL 34453

Title: S (X) Change ( ) Addition
Name: BURKE, JEFF L
Address: 2036 HWY 44 W
City-St-Zip: INVERNESS, FL 34453

Title: T (X) Change ( ) Addition
Name: SIMON, TROY K
Address: 2036 HWY 44 W
City-St-Zip: INVERNESS, FL 34453

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: TIMOTHY WALLACE CEO 01/27/2006
Electronic Signature of Signing Officer or Director Date