
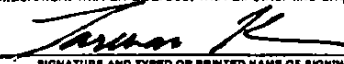


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

01-24-2006 90012 050 ***150.00

DOCUMENT # P05000141363			
1. Entity Name TRI GENERATION, INC.			
Principal Place of Business 303 BALFOUR DR., STE. 424 WINTER PARK, FL 32792		Mailing Address 303 BALFOUR DR., STE. 424 WINTER PARK, FL 32792	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 76-0803586		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ONSY, SAMORAPHOUM 303 BALFOUR DR., STE. 424 WINTER PARK, FL 32792		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinquishing)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P ONSY, SAMORAPHOUM 303 BALFOUR DR., STE. 424 WINTER PARK, FL 32792 <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	V KIATSAMUTTHARA, JARUWAN 1800 ROCK LAKE DR. ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	7436 TUFTS CT ORLANDO FL 32807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V HEMMASART, KRISAKORN 1800 ROCK LAKE DR. ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	7436 TUFTS CT ORLANDO FL 32807 <input checked="" 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 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: 		JARUNAN KIATSAMUTTHARA 1/17/06 (407) 971-1910	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66003068



01062006 Chg-P CR2E034 (11/05)



ATTACHMENT

66003068

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

TRI GENERATION, INC.
303 BALFOUR DR., STE. 424
WINTER PARK, FL 32792

Subject: TRI GENERATION, INC.

Reference Number: P05000141363

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION