

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90022 033 ***150.00

DOCUMENT # P05000141363																																																																																																																													
1. Entity Name TRI GENERATION, INC.																																																																																																																													
Principal Place of Business 303 BALFOUR DR., STE. 424 1824 CROWNWOOD DR. WINTER PARK, FL 32792 ORLANDO, FL 32810		Mailing Address 303 BALFOUR DR., STE. 424 1824 CROWNWOOD DR. WINTER PARK, FL 32792 ORLANDO FL 32810																																																																																																																											
2. Principal Place of Business - No P.O. Box # 1693 W. Broadway St.		3. Mailing Address 5325 Edgewater Dr.																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State Oviedo, FL		City & State Orlando, FL		4. FEI Number 76-0803586																																																																																																																									
Zip 32765		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent ONSY, SAMORAPHOUM 303 BALFOUR DR., STE. 424 1824 CROWNWOOD DR. WINTER PARK, FL 32792 ORLANDO FL 32810			7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1824 Crownwood Drive City Orlando, FL 32810 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">P ONSY, SAMORAPHOUM 303 BALFOUR DR., STE. 424</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1824 crownwood Drive</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">WINTER PARK, FL 32792</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Orlando, FL 32810</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">67</td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VP</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">KIATSAMUTTHARA, JARUWAN</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">7940 Nashua Lane</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">7430 TUFTS CT</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">Orlando, FL 32817</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">ORLANDO, FL 32807</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Orlando, FL 32817</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">44</td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">ST</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">HEMMASART, KRISAKORN</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">7940 Nashua Lane</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">7430 TUFTS CT</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">Orlando, FL 32817</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">ORLANDO, FL 32807</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Orlando, FL 32817</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>						10. 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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 3/11/08 Daytime Phone #: 321-356-9993																																																																																																																									