# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 09, 2007**
**Secretary of State**

DOCUMENT# P06000006971

**Entity Name:** TRINITY IMAGING, INC.

**Current Principal Place of Business:**

30510 TREMONT DIVE
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

30510 TREMONT DIVE
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

**FEI Number: 20-4146232** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEFFREY A. DOWD, P.A.
609 W. LUMSDEN
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

JEFFREY A. DOWD, P.A.
609 WEST LUMSDEN ROAD
BRANDON, FL 33511 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: JEFFREY A. DOWD 04/09/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete
Name: LAVIGNE, ALAN J
Address: 30510 TREMONT DIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VD ( ) Delete
Name: LAVIGNE, TAMMY
Address: 30510 TREMONT DIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ALAN LAVIGNE PSTD 04/09/2007
Electronic Signature of Signing Officer or Director Date