## 2008 FOR PROFIT CORPORATION

## **FILED** Apr 14, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P06000052276** 1. Entity Name TRC SYSTEMS, INC. Principal Place of Business Mailing Address P 0 BOX 220624 P 0 BOX 220624 HOLLYWOOD, FL 33022 HOLLYWOOD, FL 33022 No Chg-P 04072008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4826776 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NORTON, BRIAN DO NOT WRITE 1710 MCKINLEY ST IN THIS SPACE HOLLYWOOD, FL 33020 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U000000893665 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/23/08-80115-008 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NORTON, BRIAN NAME STREET ADDRESS P O BOX 220624 HOLLYWOOD, FL 33022 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR