2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007
Secretary of State

DOCUMENT# P06000102963

Entity Name: TRI-COUNTY INVESTMENT SOLUTIONS CORP.

Current Principal Place of Business:

70 E OAKLAND PARK BLVD
WILTON MANORS, FL 33334

New Principal Place of Business:

754 BANKS ROAD
COCONOT CREEK, FL 33063

Current Mailing Address:

754 BANKS RD
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 20-5334556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DELHOMME, CLODANIE
Address: 70 E OAKLAND PARK BLVD
City-St-Zip: WILTON MANORS, FL 33334

Title: VP ( ) Delete
Name: DUROSEAU, GARRY M
Address: 70 E OAKLAND PARK BLVD
City-St-Zip: WILTON MANORS, FL 33334

Title: S (X) Delete
Name: BLANC, JEAN M
Address: 70 E OAKLAND PARK BLVD
City-St-Zip: WILTON MANORS, FL 33334

Title: T (X) Delete
Name: DELHOMME, CLODANIE
Address: 70 E OAKLAND PARK BLVD
City-St-Zip: WILTON MANORS, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DELHOMME, CLODANIE
Address: 754 BANKS ROAD
City-St-Zip: COCONUT CREEK, FL 33063

Title: VP (X) Change ( ) Addition
Name: DUROSEAU, GARRY M
Address: 754 BANKS ROAD
City-St-Zip: COCONUT CREEK, FL 33063

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 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: CLODANIE DELHOMME PD 05/15/2007

Electronic Signature of Signing Officer or Director — Date