

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154857

FILED
Apr 29, 2007
Secretary of State

Entity Name: TROUT ENTERPRISES DEVELOPMENT, INC.

Current Principal Place of Business:

529 CAMPUS STREET
CELEBRATION, FL 34747

New Principal Place of Business:

671 FRONT ST. #110
CELEBRATION, FL 34747

Current Mailing Address:

529 CAMPUS STREET
CELEBRATION, FL 34747

New Mailing Address:

671 FRONT ST. #110
CELEBRATION, FL 34747

FEI Number: 20-8409681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEIS, AMY
529 CAMPUS STREET
CELEBRATION, FL 34747 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: THEIS, AMY
Address: 529 CAMPUS STREET
City-St-Zip: CELEBRATION, FL 34747

Title: DVPS () Delete
Name: PARRISH, ADAM
Address: 529 CAMPUS STREET
City-St-Zip: CELEBRATION, FL 34747

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 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: AMY THEIS

DPT

04/29/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date