2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157142

Entity Name: TRINITY CREAMERY, INC.

FILED Apr 19, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

10710 STATE ROAD 54 10710 STATE ROAD 54

UNIT 103 UNIT 103

NEW PORT RICHEY, FL 346552217 NEW PORT RICHEY, FL 346552217 US

Current Mailing Address: New Mailing Address:

14167 WADSWORTH DR. 14167 WADSWORTH DR. ODESSA, FL 335564303 US

FEI Number: 20-8108004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BYRNE, CATHERINE 14167 WADSWORTH DR. ODESSA, FL 335564303 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: BYRNE, ROBERT J BYRNE, ROBERT J

 Name:
 BYRNE, ROBERT J
 Name:
 BYRNE, ROBERT J

 Address:
 14167 WADSWORTH DR.
 Address:
 14167 WADSWORTH DR.

 City-St-Zip:
 ODESSA, FL 335564303 US

Name: MCKEY, JOHN Name: MCKEY, JOHN

Address: 15201 PLANTATION OAKS DR., APT #7 Address: 15201 PLANTATION OAKS DR., APT #7

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 US

Title: SEC () Delete Title: SEC (X) Change () Addition Name: MCKEY, MARY Name: MCKEY, MARY

Address: 15201 PLANTATION OAKS DR., APT #7 Address: 15201 PLANTATION OAKS DR., APT #7

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA FL 33647 US

Title: TREA () Delete Title: TREA (X) Change () Addition

 Name:
 BYRNE, CATHERINE
 Name:
 BYRNE, CATHERINE

 Address:
 14167 WADSWORTH DR.
 Address:
 14167 WADSWORTH DR.

 City-St-Zip:
 ODESSA, FL 33556
 City-St-Zip:
 ODESSA, FL 335564303 US

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: ROBERT J. BYRNE PRES 04/19/2009