

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022314

FILED
Apr 29, 2009
Secretary of State

Entity Name: TRI-CORE PERFORMANCE INC.

Current Principal Place of Business:

500 TRINITY LN N APT. 11204
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

900 CARILLON PARKWAY
SUITE 108
SAINT PETERSBURG, FL 33716

Current Mailing Address:

500 TRINITY LN N APT. 11204
SAINT PETERSBURG, FL 33716

New Mailing Address:

900 CARILLON PARKWAY
SUITE 108
SAINT PETERSBURG, FL 33716

FEI Number: 75-3231337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTAINE, MATTHEW J DR.
500 TRINITY LN N APT. 11204
SAINT PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

FONTAINE, MATTHEW J DR.
900 CARILLON PARKWAY
SUITE 108
SAINT PETERSBURG, FL 33716 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: DR. MATTHEW J. FONTAINE

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FONTAINE, MATTHEW J DR.
Address: 500 TRINITY LN N APT. 11204
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: SVT () Delete
Name: FONTAINE, MATTHEW J DR.
Address: 500 TRINITY LN N APT. 11204
City-St-Zip: SAINT PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FONTAINE, MATTHEW J DR.
Address: 900 CARILLON PARKWAY SUITE 108
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: SVT (X) Change () Addition
Name: FONTAINE, MATTHEW J DR.
Address: 900 CARILLON PARKWAY SUITE 108
City-St-Zip: SAINT PETERSBURG, FL 33716

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: DR. MATTHEW J. FONTAINE

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date