
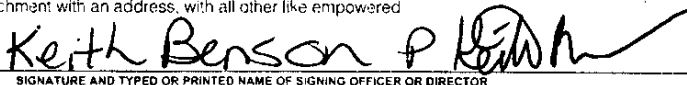


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90024 007 \*\*\*158.75

<b>DOCUMENT # P07000079998</b> 1. Entity Name <b>TRUSTED MANUFACTURING INC</b>					
Principal Place of Business <b>5201 NW 108TH AVE SUNRISE, FL 33351</b>			Mailing Address <b>137 SW 100 TERR CORAL SPRINGS, FL 33071</b>		
2. Principal Place of Business - No P.O. Box # <b>599 Sawgrass Corporate Parkway</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Sunrise FL</b>		City & State 		4. FEI Number <b>26-0530262</b>	
Zip <b>33323</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENSON, KEITH B 137 SW 100 TERR CORAL SPRINGS, FL 33071</b>			7. Name and Address of New Registered Agent Name <b>Mrs. Saida Espat</b> Street Address (P.O. Box Number is Not Acceptable) <b>934 N. University Dr #202</b> City <b>Coral Springs</b> FL Zip Code <b>33071</b>		
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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Saida Espat</b> DATE <b>3/1/08</b> <small>(NOTE: Registered Agent substitution is not allowed when transacting)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENSON, KEITH B 137 SW 100 TERR CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Benson, Keith B 137 SW 100 Terr Coral Springs, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Remove
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coastal management Group, Ltd 95 Wilton Rd #3 London, England SW1V 1BZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Keith Benson</b>  DATE <b>3/1/08</b> PHONE <b>954-572-1005</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					