2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # P07000085739 1. Entity Name TRIKEWAY, INC.					05-01-2008 90203 038 ***150.00			
Principal Plac		Mailing Address			1			
2217 BONNEVILLE DRIVE Orlando, Fl. 32826		2217 BONNEVILLE DRIVE Orlando, Fl 32826				İ		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe	060070		plied For at Applicable	
Zip Country		Zip	Country		1	of Status Desired	\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered Agent	<u>-</u>
TEE PERSAD, ESQ				Name				
201 E PINE STREET SUITE 445 ORLANDO, FL 32801				Street Address (P.O. Box Number is Not Acceptable)				
	,							
· · · · · · · · · · · · · · · · · · ·				City	FL Zip Code			
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:								
Signature, typed or printing name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.					6.00 May Be ded to Fees			
10. TITLE	OFFICERS AND		11.	- I	ADDITIONS,	CHANGES TO OFF	FICERS AND DIRECTORS	
NAME	QUATRINI,JR., EDWARD	☐ Delete	TITLI NAM				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2217 BONNEVILLE DRIVE ORLANDO, FL 32826			ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	TITU	1			Change	Addition
NAME STREET ADDRESS			NAM STRE	E ET ADDRESS				
CITY-ST-ZIP		·	-	-ST-ZIP			···	
TITLE NAME		☐ Delete	TITLE				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		Delete	TITU		<u></u>		☐ Change	☐ Addition
NAME CYPETY ADDRESS			NAM					_
STREET ADDRESS CITY-ST-ZIP			•	ET ADDRESS - ST-ZIP				·
TITLE		☐ Delete	TITL				☐ Change	☐ Addition
name Street address			NAM STRE	ET ADDRESS				
CITY-ST-ZIP		·	CITY	-ST-ZIP		•		
TITLE NAME	•	☐ Deiete	TITU NAM				☐ Change	☐ Addition
STREET ADDRESS			STRE	ET ADDRESS				į
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exe				-ST-ZIP	d in Chester 446) Clasida Ct-t-t-	I formation and the state of the	-6
indicated	on this report or purplemental second	ir and ming does not qualify to	a nic cy	uniprioris contaille	a m chapter [18	, ionua statutes.	contract certals tries the it	HOTTINGIOTI

12. I hereby certify that the information supplied with this filling does not quality 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 an other like empowered.

SIGNATURE: _

INCHATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

<u> 4-28-08</u>

407-766-888