

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000059197

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Entity Name:** TRIPLE O INVENTIONS, INC.

**Current Principal Place of Business:**

806 WINDERMERE WAY  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

7655 WOODSMUIR DRIVE  
WEST PALM BEACH, FL 33412 US

**Current Mailing Address:**

1515 NORTH FLAGLER DRIVE  
SUITE 200  
WEAT PALM BEACH, FL 33401

**New Mailing Address:**

7655 WOODSMUIR DRIVE  
WEAT PALM BEACH, FL 33412

**FEI Number:** 26-2887174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSIYEMI, OLAYEMI  
1515 N. FLAGLER DRIVE  
SUITE 200  
WEST PALM BEACH, FL 33401 US

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

OSIYEMI, OLAYEMI  
7655 WOODSMUIR DRIVE  
WEST PALM BEACH, FL 33412 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:

03/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: OSIYEMI, OLAYEMI  
Address: 7655 WOODSMUIR DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby 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 all other like empowered.

SIGNATURE: OLAYEMI OSIYEMI

CEO

03/25/2012

Electronic Signature of Signing Officer or Director

Date