## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000072648

WELLINGTON, FL 33414

City-St-Zip:

Entity Name: TRIPHYTO INC.

FILED Jan 26, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8930 BAY COLONY DRIVE SUITE 304 NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** PO BOX 110817 NAPLES, FL 34108 FEI Number: 26-3082289 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: HERSTEIN, MORRIS 8930 BAY COLONY DRIVE SUITE 304 NAPLES, FL 34108 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: () Delete Title: () Change () Addition HERSTEIN, MORRIS Name: Name: 8930 BAY COLONY DRIVE SUITE 304 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: SMITH, WALTER Name: SMITH, WALTER 14205 STROLLER WAY Address: 3677 TOUCH OF CLASS CT Address:

City-St-Zip:

WELLINGTON, FL 33414

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: MORRIS HERSTEIN PRES 01/26/2009