

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000036837

Entity Name: TRISTAR NETWORK, INC.

FILED  
Jan 24, 2011  
Secretary of State

**Current Principal Place of Business:**

1699 STONE RD.  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

1699 STONE RD.  
DELAND, FL 32720

**New Mailing Address:**

P.O. BOX 229 323  
GLENWOOD, FL 32722

FEI Number: 26-4749493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEBLANC, JOHN  
1699 STONE RD.  
DELAND, FL 32720 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEBLANC, JOHN  
Address: 1699 STONE RD.  
City-St-Zip: DELAND, FL 32720

Title: VP  
Name: LEBLANC, BAERBEL  
Address: 1699 STONE RD.  
City-St-Zip: DELAND, FL 32720

Title: T  
Name: LEBLANC, BAERBEL  
Address: 1699 STONE RD.  
City-St-Zip: DELAND, FL 32720

Title: S  
Name: LEBLANC, JOHN  
Address: 1699 STONE RD.  
City-St-Zip: DELAND, FL 32720

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: BAERBEL LEBLANC

VP

01/24/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date