

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000058213

FILED  
Sep 16, 2011  
Secretary of State

**Entity Name:** CAROLYN TRICOMI PHD, INC

**Current Principal Place of Business:**

C/O IRWIN ACCOUNTING  
4911 14TH ST W, SUITE 103  
BRADENTON, FL 34207

**New Principal Place of Business:**

1212 BEN FRANKLIN DR APT 907  
SARASOTA, FL 34236

**Current Mailing Address:**

C/O IRWIN ACCOUNTING  
4911 14TH ST W, SUITE 103  
BRADENTON, FL 34207

**New Mailing Address:**

1212 BEN FRANKLIN DR APT 907  
SARASOTA, FL 34236

FEI Number: 27-3199957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LUECKE, THOMAS  
4911 14TH ST W  
SUITE 103  
BRADENTON, FL 34207 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: TRICOMI, CAROLYN  
Address: 1212 BEN FRANKLIN DRIVE # 907  
City-St-Zip: SARASOTA, FL 34236

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: CAROLYN TRICOMI

P

09/16/2011

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

\_\_\_\_\_ Date