


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90165 001 *1,050.00

DOCUMENT # P93000046863 1. Entity Name TRIALGRAPHIX - ATLANTA, INC.			
Principal Place of Business 1212 FOWLER ST ATLANTA, GA 30317 US		Mailing Address 155 NE 40TH ST MIAMI, FL 33137 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3300 CORPORATE WAY Suite, Apt. #, etc.	
City & State City: MIRAMAR, FL		4. FEI Number 65-0439385	
Zip 33025		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STOLBERG, DAVID 466 NE 40TH ST MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3300 CORPORATE WAY City MIRAMAR FL Zip Code 33025	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD NAME STOLBERG, STEVEN STREET ADDRESS 155 NE 40TH ST CITY-ST-ZIP MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE 3300 CORPORATE WAY NAME MIRAMAR, FL 33025 STREET ADDRESS 3300 CORPORATE CITY-ST-ZIP MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SM NAME STOLBERG, DAVID STREET ADDRESS 1001 NW 122 AVE CITY-ST-ZIP PLANTATION, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE SM NAME STOLBERG, DAVID STREET ADDRESS 1001 NW 122 AVE CITY-ST-ZIP PLANTATION, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LYNN, GRAHAM STREET ADDRESS 10200 GROGENS MILLROAD STE 350 CITY-ST-ZIP SPRING, TX 77380	<input checked="" type="checkbox"/> Delete	TITLE D NAME LYNN, GRAHAM STREET ADDRESS 10200 GROGENS MILLROAD STE 350 CITY-ST-ZIP SPRING, TX 77380	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NOARD, TROY STREET ADDRESS 135 LASALLE ST CITY-ST-ZIP CHICAGO, IL 60603	<input type="checkbox"/> Delete	TITLE D NAME NOARD, TROY STREET ADDRESS 135 LASALLE ST CITY-ST-ZIP CHICAGO, IL 60603	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KATZ, DAVID STREET ADDRESS 135 LASALLE ST CITY-ST-ZIP CHICAGO, IL 60603	<input checked="" type="checkbox"/> Delete	TITLE D NAME KATZ, DAVID STREET ADDRESS 135 LASALLE ST CITY-ST-ZIP CHICAGO, IL 60603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PELISEK, DAVID STREET ADDRESS 777 EAST WISCONSIN AVE CITY-ST-ZIP MILWAUKEE, WI 53202	<input type="checkbox"/> Delete	TITLE D NAME PELISEK, DAVID STREET ADDRESS 777 EAST WISCONSIN AVE CITY-ST-ZIP MILWAUKEE, WI 53202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 all other like empowered.			
SIGNATURE: <i>STEVE STOLBERG</i>		Date 04/03/06 (305) 576-5400	

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