


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000076191 1. Entity Name TROIPIX EXPRESS, INC.	
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Principal Place of Business 2211 NW 55 COURT HANGAR 12 FORT LAUDERDALE, FL 33309	Mailing Address 2501 S PALMAIRE DR 203 POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0468588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WELLS, CARITA M 1435 WEST BUSCH BLVD. SUITE A TAMPA, FL 33612	DO NOT WRITE IN THIS SPACE
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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 _____

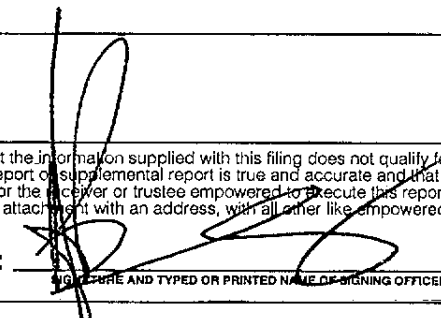
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SMITH, BETTY A HIGH VISTA P O BOX N1641 NASSAU BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MURRAY, CASSANDRA M 1125 FAIRFAX LANE FT. LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PARISH, CHRISTINA R 2501 S PALMAIRE DR APT 203 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BURROWS, ALAN J EDEN ESTATE NASSAU, BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000271008
03/21/05-80024-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officer 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____