2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000084657

1. Entity Name
TRE ASSOCIATES, INC.



FILED Mar 13, 2006 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

C/O T. ROGER ENTRESS 5200 NORTH OCEAN DR., SUITE 201 SINGER ISLAND, FL 33404 Mailing Address

C/O T. ROGER ENTRESS 5200 NORTH OCEAN DR., SUITE 201 SINGER ISLAND, FL 33404



DO NOT WRITE IN THIS SPACE

03022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0458099 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

T. ROGER ENTRESS 3/10/06 561-848-2814

		IN THIS STAGE		
 The above named entity submits this statement for the the obligations of registered agent. 	e purpose of changing its registered	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and in	me in applicable (NOTE: Registered A	; gent signature	required when reinstating?	DATE
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIR	ECTORS			<u> </u>
TITLE D NAME ENTRESS, T. ROGER STREET ADDRESS 5200 N. OCEAN DR. CITY-ST-ZIP SINGER ISLAND, FL 33404				U00000463301 03/21/06-80072-001 150.00
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TITLE NAME STITLET ADDRESS CRYY-ST-ZIP			DO	NOT WRITE
TITLE HAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118, 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 an an attachment with an address, with all other like empowered.				

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR