

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000032514

Entity Name: BERMUDA TRIANGLE, INC.

FILED  
Apr 25, 2006  
Secretary of State

## Current Principal Place of Business:

2789 NE 37 DRIVE  
FT LAUDERDALE, FL 33308 US

## New Principal Place of Business:

## Current Mailing Address:

2789 NE 37 DRIVE  
FT LAUDERDALE, FL 33308 US

## New Mailing Address:

FEI Number: 65-0672087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TOOMEY, THOMAS PRES  
2789 NE 37TH DR  
FT LAUDERDALE, FL 33308 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TOOMEY, THOMAS  
Address: 2789 NE 37TH DRIVE  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: PRES ( ) Delete  
Name: TOOMEY, THOMAS PRES  
Address: 2789 NE 37TH DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33308 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOM TOOMEY

PRES

04/25/2006

Electronic Signature of Signing Officer or Director

Date