2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092854

Entity Name: TRINITY GRAPHIC, USA, INC.

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1445 TALLEVAST ROAD 885 TALLEVAST ROAD SARASOTA, FL 34243 SUITE D SARASOTA, FL 34243 **Current Mailing Address: New Mailing Address:** 1445 TALLEVAST ROAD 885 TALLEVAST ROAD SARASOTA, FL 34243 SUITE D SARASOTA, FL 34243 FEI Number: 65-0551147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITHSON, ROBERT J SMITHSON, ROBERT J 1445 TALLEVAST ROAD 885 TALLEVAST ROAD SARASOTA, FL 34243 US SUITE D SARASOTA, FL 34243 US 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: 04/15/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SMITHSON, ROBERT J SMITHSON, ROBERT J Name: Name: 1445 TALLEVAST ROAD 885 TALLEVAST ROAD, SUITE D Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 Title: VΡ Title: () Delete () Change () Addition Name: SMITHSON, SIMON Name: 2624 GROVE STREET Address: Address: SARASOTA, FL 34239 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition BARNARD, MARK Name: Name: P O BOX 602 Address: Address: City-St-Zip: MYAKKA CITY, FL 34251 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT J SMITHSON С 04/15/2008