


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000001704 1. Entity Name TRI COUNTY COMMUNICATION INC.	
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Principal Place of Business 35 S.E. 9TH AVENUE DEERFIELD BEACH, FL 33441	Mailing Address 35 S.E. 9TH AVENUE DEERFIELD BEACH, FL 33441
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01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0544230	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 LASALA, ELAINE 811 S.E. 22ND AVENUE, #8 POMPANO BEACH, FL 33062
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000618335 02/08/07-80025-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LASALA, ELAINE 811 S.E. 22ND AVENUE, #8 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LASALA, ELAINE 811 S.E. 22ND AVENUE, #8 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LASALA, ANTHONY 811 S.E. 22ND AVENUE, #8 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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:  **Anthony J. Lasala**
DIR.
Date: 1/29/07
Daytime Phone #