

2005 FOR PROFIT CORPORATION ANNUAL REPORT


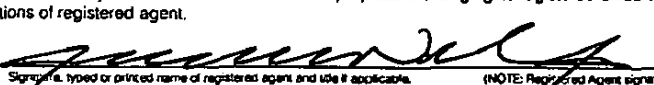

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01-28-2005 90021047158P

DOCUMENT # P95000081429 1. Entity Name TRINITY DEVELOPMENT CONSULTANTS, INC.			
Principal Place of Business 9111 W COLLEGE PTE. DR FORT MYERS, FL 33919 US		Mailing Address 12670 NEW BRITANNY ROAD SUITE 101 FORT MYERS, FL 33907 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 9111 W. College Pointe Drive Suite, Apt. #, etc.	
City & State Fort Myers, FL		4. FEI Number 65-0623170	
Zip 33919		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITANNY ROAD SUITE 101 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: J.L. Wallace Inc. Street Address (P.O. Box Number is Not Acceptable): 9111 W. College Pt Dr. City: Ft. Myers FL Zip Code: 33919	
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:  DATE: 1/24/05			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: ALLARDT, JOSEPH E STREET ADDRESS: 7150 ESTERO BLVD., UNIT 501 CITY-ST-ZIP: FORT MYERS, FL 33931	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVST NAME: WALLACE, JERALD L STREET ADDRESS: 9111 WEST COLLEGE POINTE DRIVE CITY-ST-ZIP: FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 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: 		DATE: 1/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE #	