


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000015932
 1. Entity Name
 TRINITY TEXAS, INC.



| | |
|---|---|
| Principal Place of Business 2523 BURNS ROAD PALM BEACH GARDENS, FL 33410 US | Mailing Address 2523 BURNS ROAD PALM BEACH GARDENS, FL 33410 US |
|---|---|

DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 65-0800389 | 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

DIVOSTA, GUY M
 2523 BURNS ROAD
 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

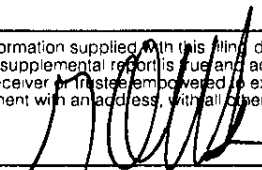
000000931317
 05/22/08-80010-004 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DIVOSTA, GUY M 2523 BURNS ROAD PALM BEACH GARDENS, FL 33410 |
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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:  DATE: 4-23-08 DAYTIME PHONE: 561-625-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #