

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                          |                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P97000074133</b><br>1. Entity Name<br><b>TRINITY ENTERPRIZES CONSORTIUM, INC. (T.E.C.)</b> |  |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                               |                                                                                                   |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br><b>1438 W. LANTANA RD</b><br><b>#330</b><br><b>LAKE WORTH, FL 33462</b> | <b>Mailing Address</b><br><b>1438 W. LANTANA RD</b><br><b>#330</b><br><b>LAKE WORTH, FL 33462</b> |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



05012005 No Chg-P CR2E034 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0776971</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                      |                                       |
|----------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|----------------------------------------------------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent

**GERSTEN, HEIDI V**  
**1438 W. LANTANA RD. #330**  
**LANATANA, FL 33462**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

|                                                                                  |                                    |
|----------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|----------------------------------------------------------------------------------|------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                                                     |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVST</b><br><b>GERSTEN, HEIDI</b><br><b>1438 W. LANTANA RD. #330</b><br><b>LANTANA, FL 33462</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     |

**DO NOT WRITE  
IN THIS SPACE**

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05/05/05-80144-003 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:**  **Heidi GERSTEN** **4/30/05**