


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90165 001 *1,050.00

DOCUMENT # P98000008012					
1. Entity Name TRIALGRAPHIX - LOS ANGELES, INC.					
Principal Place of Business 600 WILSHIRE BLVD SUITE 700 LOS ANGELES, CA 90017			Mailing Address 165 NE 40TH STREET MIAMI, FL 33137		
2. Principal Place of Business			3. Mailing Address 3300 CORPORATE WAY		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State MIRAMAR, FL		
Zip	Country	Zip	Country	4. FEI Number 65-0820961 <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>	
		33025	USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STOLBERG, DAVID 165 NE 40TH STREET MIAMI, FL 33137				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				3300 CORPORATE WAY	
				City	Zip Code
				MIRAMAR	FL 33025
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, 2006 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	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOLBERG, STEVEN		NAME	3300 CORPORATE WAY	
STREET ADDRESS	165 NE 40TH ST		STREET ADDRESS	MIRAMAR, FL 33025	
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	SM	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOLBERG, DAVID		NAME	3300 CORPORATE WAY	
STREET ADDRESS	1001 NW 122 AVE.		STREET ADDRESS	MIRAMAR, FL 33025	
CITY-ST-ZIP	PLANTATION, FL 33321		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAHAM, LYNN		NAME	PELISEK, DAVID	
STREET ADDRESS	10200 BROGAHS MILL RD SUITE 350		STREET ADDRESS	777 E. WISCONSIN AVE.	
CITY-ST-ZIP	THE WOODLAND, TX 77380		CITY-ST-ZIP	MILWAUKEE, WI 53202	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOARD, TROY		NAME		
STREET ADDRESS	135 LASALLE ST		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 606034131		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLBORN, ERICA		NAME	3300 CORPORATE WAY	
STREET ADDRESS	165 NE 40TH ST		STREET ADDRESS	MIRAMAR, FL 33025	
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZ, DAVID		NAME		
STREET ADDRESS	135 LASALLE ST		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 606034131		CITY-ST-ZIP		
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: <u>STEVE STOLBERG</u> 04/03/06 (305) 576-5400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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