


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90104 001 *1,111.25

DOCUMENT # P98000008012	
1. Entity Name TRIALGRAPHIX - LOS ANGELES, INC.	

Principal Place of Business 600 WILSHIRE BLVD SUITE 700 LOS ANGELES, CA 90017	Mailing Address 3300 CORPORATE WY MIRAMAR, FL 33025
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66010711



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04042007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent STOLBERG, DAVID 3300 CORPORATE WY MIRAMAR, FL 33025	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 fee if applicable. (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
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	STOLBERG, STEVEN
STREET ADDRESS	3300 CORPORATE WY
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PELISEK, DAVID
STREET ADDRESS	777 E WISCONSIN AVE
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	D <input type="checkbox"/> Delete
NAME	NOARD, TROY
STREET ADDRESS	135 LASALLE ST
CITY-ST-ZIP	CHICAGO, IL 606034131
TITLE	P <input type="checkbox"/> Delete
NAME	HOLBORN, ERICA
STREET ADDRESS	3300 CORPORATE WY
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Kevin
STREET ADDRESS	3300 Corporate Way
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Werner, Steven
STREET ADDRESS	3300 Corporate Way
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldstein, Rodney
STREET ADDRESS	3300 Corporate Way
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reilly, Paul
STREET ADDRESS	3300 Corporate Way
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey, William L.
STREET ADDRESS	3300 Corporate Way
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 supplement 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: *W. L. Harvey* **4/20/07** **305 576 5400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #