
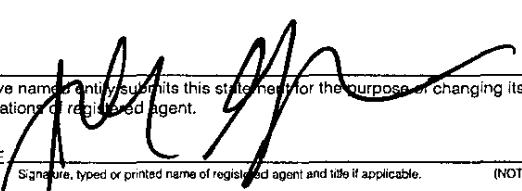
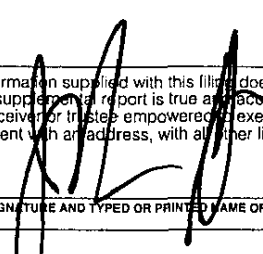


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90029 006 \*\*\*150.00

<b>DOCUMENT # P98000022485</b> 1. Entity Name <b>CHRIS TRIM, INC.</b>					
Principal Place of Business <b>4061 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411</b>			Mailing Address <b>4061 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0814180</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GEORGE, JOHN P 4061 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	11327 66TH STREET 11387 66th STREET N.		STREET ADDRESS	12522 TEAKWOOD COURT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VP		TITLE	JAMES COLEMAN	
STREET ADDRESS	9179 TWIG ROAD		STREET ADDRESS	11387 66th STREET N.	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	W. PALM BEACH, FL 33412	
TITLE	D		TITLE	DIRECTOR, PRESIDENT	
STREET ADDRESS	14466 68TH ST., N.		STREET ADDRESS	2442 BAY VILLAGE CIRCLE	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE			TITLE		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3/8/04 561-722-7971 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					