2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# P98000049282

Entity Name: TRINGALI INVESTMENTS, INC.

Current Principal Place of Business:

146 KING ST
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

146 KING ST
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-3512059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAILEY, JOHN D JR
780 NORTH PONCE DE LEON
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TRINGALI, JOSEPH C
Address: 354 MARSH POINT CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SD ( ) Delete
Name: TRINGALI, S.J.
Address: 5331 RIVERVIEW DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TD (X) Delete
Name: BRITTANY, TRINGALI
Address: 354 MARCH POINTE CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD ( ) Delete
Name: TRINGALI, CINDY L
Address: 354 MARSH POINTE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH C. TRINGALI PD 02/12/2009

Electronic Signature of Signing Officer or Director Date