

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000082320</b>					
<b>1. Entity Name</b> TRIANGLE MANAGEMENT GROUP, INC.					
<b>Principal Place of Business</b> 514 WHITTINGHAM PLACE LAKE MARY, FL 32746			<b>Mailing Address</b> 514 WHITTINGHAM PLACE LAKE MARY, FL 32746		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04192004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 59-3534182				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DAVIS, ROBERT G 514 WHITTINGHAM PLACE LAKE MARY, FL 32746			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Robert G Davis</i>				<b>DATE:</b> 4/21/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> DAVIS, ROBERT G		<b>TITLE</b>	<b>NAME</b> 000000130591	
<b>STREET ADDRESS</b> 514 WHITTINGHAM PLACE	<b>CITY-ST-ZIP</b> LAKE MARY, FL 327463781		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b> 04/26/04-80125-005 150.00	
<b>TITLE</b> VSTD	<b>NAME</b> DAVIS, JOAN M		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 514 WHITTINGHAM PLACE	<b>CITY-ST-ZIP</b> LAKE MARY, FL 327463781		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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 807, 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.</b>					
<b>SIGNATURE:</b> <i>Robert G Davis</i>				<b>DATE:</b> 4/21/04	
Signature and typed or printed name of signing officer or director				Date    Daytime Phone #	