FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900053823 1. Entity Name TRIZEN SYSTEMS, INC.

SIGNATURE: _

FILED May 15, 2002 8:00 am Secretary of State 05-15-2002 90065 024 ***150.00

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	DO NOT WRITE	IN THIS SE	PAC	E			
2. Principal Place of Business 3. Mailing Address					-		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Suite 220 Suite 220				4. FEI Number Applied Fo		Applied For	
City & State Heathrow FL City & State Heathrow FL			-		59-3580974 Not Applicable		
32746	Country_ USA	Zip 32746	Cour		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				Name	7. Name and Address of Current Ro	gistered Agent	
DO NOT WRITE IN THIS SPACE				EDWARD ZAREMBA Street Address (P.O. Box Number is Not Acceptable) 689 Stoneficial Loop			
				City Houth	Now .	FL 32 746	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or registe	ered agent, or both, in the State of Florid	la.	
SIGNATURE				1			
JIGIVATURE	Signature, typed or printed name of registered agent ar			d Agent signature require	ed when reinstating)	DATE	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - M After May Amended Make Check Payab	1, Fee i I UBR i	s \$550.00 s \$61,25	10. Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
11.	OFFICERS AND D	DIRECTORS					
TITLE NAME STREET ADDRESS	CCEO EDWARD ZAREMBA 144 Stone field Loop 12:	o International Para	TITL NAM SEE	1 1			
CITY-ST-ZIP	Houthow FL 3271		CITY	-ST-ZIP			
TITLE NAME	Christy Scryes-Zaremb	' 1	TITL	4			
STREET ADDRESS	Christy Scryss-Zaremb	way		ET ADDRÉSS -ST-ZIP			
TITLE	Heuthrow PL 327	76	TITLE				
NAME	Alfred A Iller		NAM				
STREET ADDRESS CITY - ST - ZIP	291 Sweet-ster Cov Longwood, FL 327	c Blud. 33074 75	1	ET ADDRESS - ST- ZIP	DO NOT V	VRITE	
TITLE	V 0 '		TITL		IN THIS S	DACE	
NAME	Bill Scrusss	-k	NAM		114 11110 0	FACE	
STREET ADDRESS CITY-ST-7IP	Bill Scrusss 120 International Par Heathow FL 3274	16		ET ADDRESS -ST-ZIP			
TITLE	1/		TITL				
NAME	Todd Hunell		NAM	!			
STREET ADDRESS CITY+ST+ZIP	Todd Muricil 2838 Dofton Loop Tallahussee, FL 323	n 3		ET ADDRESS -ST-ZIP			
TITLE	2 3 202 4 24 24 2 2 2 2 2 2 2	<u>~ ~</u>	117L				
NAME.			NAM	5 1			
STREET ADDRESS CITY - ST - ZIP				ET ADDRESS - ST- ZIP			
13. I hereby of indicated of the core	Exertify that the information supplied with to on this report or supplemental report is to reportation or the receiver or trustee emports with an address with all other like emports.	rue and accurate and that movered to execute this report	the exe	mption stated in S ture shall have the	-same legal effect as it made under oat	h: that I am an officer or director	

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR