2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053823

Entity Name: TRIZEN SYSTEMS, INC.

FILED May 02, 2005 Secretary of State

0 (B) : IBI (B) :			New Principal Place of Procinces		
Current Principal Place of Business:			New Principal Place	e of Business:	
SUITE 220	NATIONAL PA W, FL 32746	RKWAY			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
120 INTERNATIONAL PARKWAY SUITE 220 HEATHROW, FL 32746					
FEI Number:	59-3580974	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
689 STONÉ	EDWARD JF EFIELD LOOP W, FL 32746	R US			
The above in the State		ubmits this statement for the pur	pose of changing its register	ed office or registered agent, or both,	
SIGNATURE:					
	Electroni	ic Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ZAREMBA, EDD	ONAL PARKWAY SUITE 220	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STAPLETON, CH	ONAL PARKWAY SUITE 220	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ILLER, ALFRED	TER COVE BLVD. SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCRUGGS, BILL	ONAL PARKWAY SUITE 220	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (X) HARRELL, TODI 2838 DUFTON L TALLAHASSEE,	.OOP	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDDIE ZAREMBA CCEO 05/02/2005