


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90244 035 \*\*\*150.00

DOCUMENT # P99000075634 1. Entity Name TRICONY WPB CORP.	
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Principal Place of Business C/O 313 1/2 WORTH AVE STE B-1 PALM BEACH, FL 33480	Mailing Address C/O 313 1/2 WORTH AVE STE B-1 PALM BEACH, FL 33480
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**DO NOT WRITE IN THIS SPACE**

03222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0942603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~TORRES, MICHAEL~~ Tricony Florida Corp.  
~~C/O TRICONY MGMT. LLC~~  
313 1/2 WORTH AVENUE SUITE B-1  
PALM BEACH, FL 33480

**DO NOT WRITE IN THIS SPACE**

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 Rick Torres DATE 4-5-07

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, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>TORRES, EDWARD</del> <del>ONE NORTH BREAKERS ROW</del> <del>PALM BEACH, FL 33480</del>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Rick Torres 339 Seaspray Ave. Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Executive Vice Pres. Michael Torres 225 Russlyn Dr. West Palm Beach, FL 33405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rick Torres Date 4/5/07 Daytime Phone # (561) 832-7088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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