2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# P99000103431

Entity Name: TRILOGY INTERNATIONAL, INC.

Current Principal Place of Business:

4349 SW PORT WAY
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

4349 SW PORT WAY
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-0879154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERARDI, STEPHEN M SR
4349 SW PORT WAY
PALM CITY, FL 34990 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOCHUM, GEORGE
Address: 7810 WARFIELD RD
City-St-Zip: GAITHERSBURG, MD 20882

Title: S ( ) Delete
Name: BERARDI, STEPHEN SR
Address: 4349 SW PORT WAY
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete
Name: BERARDI, DENNIS A
Address: 1050 SW CHAPMAN WAY
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOCHUM, GEORGE
Address: 30 LAKE FOREST DR
City-St-Zip: OAKLAND, MD 21550

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

Title: VP (X) Change ( ) Addition
Name: BERARDI, DENNIS A
Address: 1050 SW CHAPMAN WAY
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Change (X) Addition
Name: JOCHUM, PATSY (CRIS)
Address: 30 LAKE FOREST DR
City-St-Zip: OAKLAND, MD 21550

Title: D ( ) Change (X) Addition
Name: BERARDI, CAROL
Address: 1050 SW CHAPMAN WAY
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Change (X) Addition
Name: SINCLAIR, ANTHONY
Address: 669 PERDIDO HEIGHTS DR
City-St-Zip: WEST PALM BEACH, FL 33413

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: ANTHONY SINCLAIR T 02/28/2008

Electronic Signature of Signing Officer or Director Date