## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000103431

Entity Name: TRILOGY INTERNATIONAL, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
4349 SW PORT WAY PALM CITY, FL 34990				
Current Mailing Address:			New Mailing Address:	
4349 SW PORT WAY PALM CITY, FL 34990				
FEI Number: 65-0879154 FEI Number Applied For ( ) FEI Num			nber Not Appli	cable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
BERARDI, STEPHEN M SR 4349 SW PORT WAY PALM CITY, FL 34990 US				
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:			ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P ( JOCHUM, GE 30 LAKE FOR OAKLAND, M	REST DR	Title: Name: Address: City-St-Zip:	C (X) Change ( ) Addition JOCHUM, GEORGE 30 LAKE FOREST DR OAKLAND, MD 21550
Title: Name: Address: City-St-Zip:	S ( BERARDI, ST 4349 SW PO PALM CITY, I	RT WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP ( BERARDI, DE 1050 SW CH PALM CITY, I	APMAN WAY	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BERARDI, DENNIS A 1050 SW CHAPMAN WAY PALM CITY, FL 34990
Title: Name: Address: City-St-Zip:	D ( JOCHUM, PA 30 LAKE FOR OAKLAND, M	REST DR	Title: Name: Address: City-St-Zip:	VC (X) Change ( ) Addition JOCHUM, PATSY (CRIS) 30 LAKE FOREST DR OAKLAND, MD 21550
Title: Name: Address: City-St-Zip:	D ( BERARDI, CA 1050 SW CH. PALM CITY, I	APMAN WAY	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition THORNHILL, LESTER 5018 NAUTICA LAKE CI GREENACRES, FL 33463
Title: Name: Address:	SINCLAIR, AN	( ) Delete NTHONY D HEIGHTS DR	Title: Name: Address:	( ) Change ( ) Addition

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 03/20/2009