2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S33295

1. Entity Name
TROIKA CORPORATION



US

FILED Apr 03, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5840 ULMERTON ROAD SUITE D

6075 PARK BOULEVARD

SUITE A

CLEARWATER, FL 33760 US PINELLAS PARK, FL 33781

03222006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3052446

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHRIEFER, GEORGE J. 6075 PARK BOULEVARD

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PINELLAS PARK, FL 33781			IN THIS SPACE			
	ions of registered agent.	turpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGIVATORE _	Signature, typed or printed name of registered agent and little if	t applicable. (NOTE, Registered	Agent signatur	s required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10. HILE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP THLE NAME STRET ADDRESS STRET ADDRESS	OFFICERS AND DIRECT PSTD HARRISON, WAYNE L 5840 ULMERTON RD STE D CLEARWATER, FL	OTORS		200	U00000489460 04/18/06-80016-005 150.00	
CHY-SI-ZIP INTLE MAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP				 -	NOT WRITE THIS SPACE	

12. Thereby certify that the information supplied with this filling 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: PULSTOLUT
SIGNATURE AND TITED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR