2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # V00755

1. Entity Name
TRI INVESTMENTS, INC.

Principal Place of Business	Mailing Address
277 ROYAL POINCIANA WAY SUITE 135 PALM BEACH, FL 33480 US	3473 SATELLITE BLVD. STE. 211 DULUTH, GA 30096 US

01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1724930
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GEIGER, ALLAN T
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000402471
02/03/06-80009-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, ANGELA H
STREET ADDRESS	277 ROYAL POINCIANA WAY SUITE 135
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	V
NAME	TEMPLE, GERALD
STREET ADDRESS	110 COVE LANE
CITY-ST-ZIP	SOCIAL CIRCLE, GA
TITLE	V
NAME	KELLY, JAMES E.
STREET ADDRESS	1658 TEMPLE JOHNSON RD.
CITY-ST-ZIP	LOGANVILLE, GA 30052
TITLE	S
NAME	CRIM, GLOICE Y.
STREET ADDRESS	2277 EMMETT DOSTER RD.
CITY-ST-ZIP	MONROE, GA 30656
TITLE	V
NAME	KELLY, JAMES
STREET ADDRESS	1658 TEMPLE JOHNSON RD
CITY-ST-ZIP	LOGANVILLE, GA 30052
TITLE	S
NAME	CRIM, GLOICE Y
STREET ADDRESS	2277 EMMETT DOSTER RD
CITY-ST-ZIP	MONROE, GA 30656

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: James E. Kelly 1-16-06 770-813-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Executive Vice President — Date — Daytime Phone #