2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# V00755

Entity Name: TRI INVESTMENTS, INC.

Current Principal Place of Business:

277 ROYAL POINCIANA WAY
SUITE 135
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

3473 SATELLITE BLVD.
STE. 211
DULUTH, GA 30096 US

New Mailing Address:

FEI Number: 58-1724930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HIEB, E. ALLEN JR
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207 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: E. ALLEN HIEB, JR 01/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WILLIAMS, ANGELA H	
Address:	277 ROYAL POINCIANA WAY SUITE 135	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	V	(X) Delete
Name:	TEMPLE, GERALD,	
Address:	110 COVE LANE	
City-St-Zip:	SOCIAL CIRCLE, GA	
Title:	V	( ) Delete
Name:	KELLY, JAMES E.,	
Address:	1658 TEMPLE JOHNSON RD.	
City-St-Zip:	LOGANVILLE, GA 30052	
Title:	S	( ) Delete
Name:	CRIM, GLOICE Y.,	
Address:	2277 EMMETT DOSTER RD.	
City-St-Zip:	MONROE, GA 30656	
Title:	V	( ) Delete
Name:	KELLY, JAMES	
Address:	1658 TEMPLE JOHNSON RD	
City-St-Zip:	LOGANVILLE, GA 30052	
Title:	S	( ) Delete
Name:	CRIM, GLOICE Y	
Address:	2277 EMMETT DOSTER RD	
City-St-Zip:	MONROE, GA 30656	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JAMES E KELLY EVP 01/27/2009
Electronic Signature of Signing Officer or Director Date