2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35951

FILED Jan 30, 2007 Secretary of State

Entity Name: THE TREND GROUP CORPORATION

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
C/O OLA OLAIGBE P.O. BOX 681181 MIAMI, FL 33168		C/O OLA OLAIGBE 18441 NW 2ND AVE MIAMI, FL 33169	18441 NW 2ND AVENUE #220		
Current Mailing Address:					New Mailing Addre
P.O. BOX P.O. BOX MIAMI, FL	681181				
FEI Number	: 65-0333093	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
OLAIGBE, 18441 NW MIAMI, FL	2ND AVE. #22	:0			
		ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both	
n the State	e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both	
	e of Florida. RE:	,			
n the State	e of Florida. RE:	submits this statement for the particles in the particles of Registered Age		red office or registered agent, or both Date	
in the State	e of Florida. RE: Electron	,			
in the State SIGNATU	e of Florida. RE: Electron	ic Signature of Registered Age	ent		
in the State SIGNATU	e of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Age Trust Fund Contribution (). TORS: Delete	ent	Date	
in the State SIGNATUI Election Car OFFICER Title: Name: Address:	e of Florida. RE: Electron mpaign Financing S AND DIREC PD () OLAIGBE, OLA, 2279 NW 126TH PEMBROKE PIR	ic Signature of Registered Age Trust Fund Contribution (). TORS: Delete HAVE NES, FL 33028 Delete HAVE E	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO	
n the State SIGNATUI Election Car OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	e of Florida. RE: Electron mpaign Financing S AND DIREC PD () OLAIGBE, OLA, 2279 NW 126TH PEMBROKE PIR D () OLAIGBE, OLA 2279 NW 126TH PEMBROKE PIR PEMBROKE PIR	ic Signature of Registered Age	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: SIGNATURE ON FILE PD 01/30/2007