

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35951

FILED
Feb 11, 2008
Secretary of State

Entity Name: THE TREND GROUP CORPORATION

Current Principal Place of Business:

C/O OLA OLAIGBE
18441 NW 2ND AVENUE #220
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 681181
P.O. BOX 681181
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 65-0333093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLAIGBE, OLA
18441 NW 2ND AVE. #220
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: OLAIGBE, OLA,
Address: 2279 NW 126TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: OLAIGBE, OLA
Address: 2279 NW 126TH AVE E
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP () Delete
Name: OLAIGBE, VICTORIA
Address: 2279 NW 126TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SEC () Delete
Name: OLAIGBE, OLA JR.
Address: 2279 NW 126TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

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:

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: SIGNATURE ON FILE

PD

02/11/2008

Electronic Signature of Signing Officer or Director

_____ Date