## **2006 FOR PROFIT CORPORATION**

changed, or on an attachment with an address, with all other like empowered

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECT

SIGNATURE:

## Aug 03, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #V48290 08-03-2006 90002 008 \*\*\*150.00 1. Entity Name TRICK INDUSTRIES INC. Principal Place of Business Mailing Address 2854 STIRLING ROAD 2854 STIRLING ROAD 50024043 SUITE E SUITE E HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business 2844 StirLinh LOAD 3. Mailing Address 2844 Stiklint ROAD Suite, Apt. #, etc Suite, Apt. #. e 07272005 CR2E034 (11/05) <u>Suite</u> uite Çity & State City & State 4. FEI Number Applied For Hollywood 40LL4W00D **NOT APPLICABLE** Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 020 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TROY TRAINA, TROY Box Number is Not Acceptable) 2854 STIRLING ROAD SUITE E HOLLYWOOD, FL 33020 FL WOOD 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE **₽** Change ☐ Addition TRAINA, TROY 2844 Stincing kono, Suite D TRAINA, TROY NAME NAME STREET ADDRESS 2854 STIRLING ROAD STREET ADDRESS City-St-ZiP HOLLYWOOD, FL HOLLYWOOD, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED