

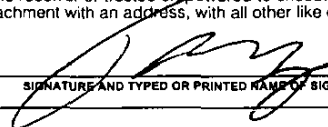


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90010 050 \*\*\*150.00

<b>DOCUMENT # V48290</b> 1. Entity Name <b>TRICK INDUSTRIES INC.</b>																																																																																																																																			
Principal Place of Business <b>2844 STIRLING ROAD SUITE D HOLLYWOOD, FL 33020</b>			Mailing Address <b>2844 STIRLING ROAD SUITE D HOLLYWOOD, FL 33020</b>																																																																																																																																
2. Principal Place of Business - No P.O. Box # <b>116 N. 61 AVENUE</b> Suite, Apt. #, etc. <b>HOLLYWOOD, FL</b> City & State		3. Mailing Address <b>116 N. 61 AVENUE</b> Suite, Apt. #, etc. <b>HOLLYWOOD, FL</b> City & State																																																																																																																																	
Zip <b>33024</b> Country <b>USA</b>		Zip <b>33024</b> Country <b>USA</b>		03132008 Chg-P CR2E034 (12/06)																																																																																																																															
4. FEI Number <b>NOT APPLICABLE</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>TRAINA, TROY 2844 STIRLING RD SUITE D HOLLYWOOD, FL 33020</b>																																																																																																																															
7. Name and Address of New Registered Agent Name <b>Troy Traina</b> Street Address (P.O. Box Number is Not Acceptable) <b>116 N. 61 AVENUE</b> City <b>Hollywood, FL</b> Zip Code <b>33024</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>																																																																																																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D <b>TRAINA, TROY</b> <input type="checkbox"/> Delete</td> <td style="width: 10%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D <b>TRAINA, TROY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td><b>2844 STIRLING RD SUITE D</b></td> <td></td> <td>NAME</td> <td><b>116 N. 61 AVENUE</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>HOLLYWOOD, FL 33020</b></td> <td></td> <td>STREET ADDRESS</td> <td><b>HOLLYWOOD, FL 33024</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D <b>TRAINA, TROY</b> <input type="checkbox"/> Delete		TITLE	D <b>TRAINA, TROY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	<b>2844 STIRLING RD SUITE D</b>		NAME	<b>116 N. 61 AVENUE</b>		STREET ADDRESS	<b>HOLLYWOOD, FL 33020</b>		STREET ADDRESS	<b>HOLLYWOOD, FL 33024</b>		CITY - ST - ZIP			CITY - ST - ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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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.																																																																																																																																			
<b>SIGNATURE:</b>  <b>Troy Traina</b> <span style="float: right;">3/18/08 954-920-3924</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			