

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004782

FILED
May 10, 2007
Secretary of State

Entity Name: TRIPOINT GLOBAL COMMUNICATIONS INC.

Current Principal Place of Business:

1500 PRODELIN DRIVE
NEWTON, NC 28658

New Principal Place of Business:

Current Mailing Address:

1500 PRODELIN DRIVE
NEWTON, NC 28658

New Mailing Address:

FEI Number: 56-1871899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: MARZILLI, CHRIS
Address: 400 JOHN QUINCY ADAMS RD
City-St-Zip: TAUNTON, MA 027801069

Title: VP () Delete
Name: SAVNER, DAVID A
Address: 2941 FAIRVIEW PARK DRIVE, SUITE 100
City-St-Zip: FALLS CHURCH, VA 220424513

Title: T () Delete
Name: FOGG, DAVID H
Address: 2941 FAIRVIEW PARK DR, SUITE 100
City-St-Zip: FALLS CHURCH, VA 220424513

Title: AT () Delete
Name: BAKER, DAVID P
Address: 2941 FAIRVIEW PARK DRIVE SUITE 100
City-St-Zip: FALLS CHURCH, VA 220424513

Title: S () Delete
Name: HOUSE, MARGARET N
Address: 2941 FAIRVIEW PARK DR, SUITE 100
City-St-Zip: FALLS CHURCH, VA 220424513

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:

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: DEVON ENGEL

VP

05/10/2007

Electronic Signature of Signing Officer or Director

_____ Date