

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001980

Entity Name: TRIANGLE TALENT, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

10424 WATTERSON TRAIL
LOUISVILLE, KY 40299

New Principal Place of Business:

Current Mailing Address:

10424 WATTERSON TRAIL
LOUISVILLE, KY 40299

New Mailing Address:

FEI Number: 61-0668456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNOWDEN, DAVID H
9051 GULFSHORE DRIVE
NAPLES, FL 34108 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: SNOWDEN, DAVID H
Address: 9081 GULFSHORE DRIVE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: SNOWDEN, SANDRA M
Address: 515 ALTAGATE RD.
City-St-Zip: LOUISVILLE, KY 40206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID H. SNOWDEN

DC

05/01/2008

Electronic Signature of Signing Officer or Director

Date