

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006557

FILED
Feb 22, 2006
Secretary of State

Entity Name: TRIADD SOFTWARE, INC.

Current Principal Place of Business:

13212 NE 16TH STREET
SUITE 311
BELLEVUE, WA 98005

New Principal Place of Business:

Current Mailing Address:

13212 NE 16TH STREET
SUITE 311
BELLEVUE, WA 98005

New Mailing Address:

FEI Number: 91-1579628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARAKER, ANDREW
1013 MOCKINGBIRD CIRCLE SE
WINTER HAVEN, FL 33884 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: GORELICK, MOE
Address: 13212 NE 16TH STREET
City-St-Zip: BELLEVUE, WA

Title: T (X) Delete
Name: ZHOU, JIN
Address: 13212 NE 16TH STREET
City-St-Zip: BELLEVUE, WA

Title: CD () Delete
Name: GORELICK, MORRIS
Address: 13212 NE 16TH STREET
City-St-Zip: BELLEVUE, WA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GORELICK, MOE
Address: 13212 NE 16TH STREET
City-St-Zip: BELLEVUE, WA 98005

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: GORELICK, MORRIS
Address: 13212 NE 16TH STREET
City-St-Zip: BELLEVUE, WA 98005

I hereby certify that the information supplied with this filing does not qualify for the 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: MORRIS GORELICK

PD

02/22/2006

Electronic Signature of Signing Officer or Director

_____ Date