

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006306

FILED
Apr 20, 2006
Secretary of State

Entity Name: TRIAD EVENTS & PROMOTIONS, INC.

Current Principal Place of Business:

18350 CHESTERFIELD AIRPORT RD.
CHESTERFIELD, MO 63005

New Principal Place of Business:

23257 STATE ROAD 7
SUITE 209
BOCA RATON, FL 33428

Current Mailing Address:

18350 CHESTERFIELD AIRPORT RD.
CHESTERFIELD, MO 63005

New Mailing Address:

23257 STATE ROAD 7
SUITE 209
BOCA RATON, FL 33428

FEI Number: 20-1421185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYMAN, DAVID
2900 UNIVERSITY DRIVE #78
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

HYMAN, DAVID
23257 STATE ROAD 7
SUITE 209
BOCA RATON, FL 33428 US

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:

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HYMAN, DAVID
Address: 2900 UNIVERSITY DRIVE #78
City-St-Zip: CORAL SPRINGS, FL 33065

Title: C () Delete
Name: KRIMSKY, JOHN F
Address: 280 PARK AVE., 5TH FLOOR EAST
City-St-Zip: NEW YORK, NY 10017

Title: SD () Delete
Name: SCHARR, JACK B
Address: 18350 CHESTERFIELD AIRPORT RD.
City-St-Zip: CHESTERFIELD, MO 63005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HYMAN, DAVID
Address: 23257 STATE ROAD 7, SUITE 209
City-St-Zip: BOCA RATON, FL 33428

Title: C (X) Change () Addition
Name: HYMAN, JONATHAN E
Address: 23257 STATE ROAD 7, SUITE 209
City-St-Zip: BOCA RATON, FL 33428

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

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: DAVID HYMAN

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date