2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 29, 2009
Secretary of State

DOCUMENT# F04000006306

Entity Name: TRIAD EVENTS & PROMOTIONS, INC.

Current Principal Place of Business:

825 SE 8TH AVENUE
SUITE 204
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

825 SE 8TH AVENUE
SUITE 204
DEERFIELD BEACH, FL 33441

New Mailing Address:

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
825 SE 8TH AVENUE
SUITE 204
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

HYMAN, JONATHAN
825 SE 8TH AVENUE
SUITE 204
DEERFIELD BEACH, FL 33441 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: JONATHAN HYMAN 05/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HYMAN, DAVID
Address: 825 SE 8TH AVENUE, SUITE 204
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: C ( ) Delete
Name: HYMAN, JONATHAN E
Address: 825 SE 8TH AVENUE, SUITE 204
City-St-Zip: DEERFIELD BEACH, FL 33441

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

Title: T (X) Delete
Name: ROBINS, HARVEY
Address: 825 SE 8TH AVENUE, SUITE 204
City-St-Zip: DEERFIELD BEACH, FL 33441 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HYMAN, JONATHAN
Address: 825 SE 8TH AVENUE, SUITE 204
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: C (X) Change ( ) Addition
Name: NATOLI, CARM
Address: 28 RESEARCH PARK CIRCLE
City-St-Zip: ST. CHARLES, MO 63304

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: JONATHAN HYMAN PD 05/29/2009
Electronic Signature of Signing Officer or Director Date