

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000006778

1. Entity Name  
TRIAD ISOTOPES, INC.



FILED

07 AUG 10 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6010 BLAKEFORD DRIVE  
WINDERMERE, FL 34786

Mailing Address  
6010 BLAKEFORD DRIVE  
WINDERMERE, FL 34786



2. Principal Place of Business - No P.O. Box #  
200 S Orange Ave

3. Mailing Address  
200 S Orange Ave

Suite, Apt. #, etc  
Ste 2100

Suite, Apt. #, etc  
Ste 2100

08082007 Chg-P CR2E034 (12/06)

City & State  
Orlando Florida

City & State  
Orlando Florida

4. FEI Number  
20-5744906

Applied For  
Not Applicable

Zip  
32801

Country  
USA

Zip  
32801

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., STE 4  
WESTON, FL 33331

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO MEFFE, DOM 6010 BLAKEFORD DRIVE WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEFFE, DOM 6010 BLAKEFORD DRIVE WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYNCH, CASEY 6010 BLAKEFORD DRIVE WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KESSINGER, WILLIAM 6010 BLAKEFORD DRIVE WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP MCCORMICK, WILLIAM 6010 BLAKEFORD DRIVE WINDERMERE, FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP GRIFFITHS, CLAUDIA 6010 BLAKEFORD DRIVE WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO MEFFE, DOM 200 S. ORANGE AVE, STE 2100 ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEFFE, DOM 200 S. ORANGE AVE, STE 2100 ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYNCH, CASEY 200 S. ORANGE AVE, STE 2100 ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KESSINGER, WILLIAM 200 S. ORANGE AVE, STE 2100 ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP MCCORMICK, WILLIAM 200 S. ORANGE AVE, STE 2100 ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP GRIFFITHS, CLAUDIA 200 S. ORANGE AVE, STE 2100 ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/07

Date

(407) 455-6700

Daytime Phone #