


**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90040 026 \*\*\*158.75  
05-19-2005 90047 036 \*\*\*\*\*8.75

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F96000002352</b>		
1. Entity Name <b>TRIAD DEVELOPMENT OF WASHINGTON, INC.</b>		
Principal Place of Business <b>2801 ALASKAN WAY #107 SEATTLE, WA 98121</b>		Mailing Address <b>2801 ALASKAN WAY #107 SEATTLE, WA 98121</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1300 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODMAN, JOHN A 2801 ALASKAN WAY, #107 SEATTLE, WA 98121	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GRIMM, FREDERICK W 2801 ALASKAN WAY, #107 SEATTLE, WA 98121	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Frederick W. Grimm</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/9/05 <small>Date</small> (206) 374-0444 <small>Daytime Phone #</small>

**50052915**



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>91-1264678</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>