2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 10, 2008 08:00 / Secretary of State

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1. Entity Name

TRIAD DEVELOPMENT OF WASHINGTON, INC.



Principal Place of Business

Mailing Address

2801 ALASKAN WAY #107

2801 ALASKAN WAY #107

SEATTLE, WA 98121

SEATTLE, WA 98121



01032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 91-1264678

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1300 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 little if applicable (NOTE, Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution	ing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, JOHN A 2801 ALASKAN WAY, #107 SEATTLE, WA 98121				U2020ccr20F2					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRIMM, FREDERICK W 2801 ALASKAN WAY, #107 SEATTLE, WA 98121	-			000000852856 03/26/08-80046-009 158.75					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-									
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 it changed, or on an attachment with an address, with all other like empowered.										

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR