

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H07629

FILED
Mar 20, 2005
Secretary of State

Entity Name: TRIAD SEAFOOD, INC.

Current Principal Place of Business:

401 SCHOOL DRIVE
EVERGLADES CITY, FL 33929 US

New Principal Place of Business:

401 SCHOOL DRIVE
EVERGLADES CITY, FL 34139 US

Current Mailing Address:

PO BOX 5007
EVERGLADES CITY, FL 33929 US

New Mailing Address:

PO BOX 5007
EVERGLADES CITY, FL 34139 US

FEI Number: 59-2429511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILTON, CHARLES
401 SCHOOL DRIVE
PO BOX 5007
EVERGLADES CITY, FL 33929 US

Name and Address of New Registered Agent:

HILTON, CHARLES
401 SCHOOL DRIVE
PO BOX 5007
EVERGLADES CITY, FL 34139 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:

03/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILTON, CHARLES
Address: 401 SCHOOL DRIVE
City-St-Zip: EVERGLADES CITY, FL

Title: V () Delete
Name: HILTON, PAMELA
Address: 401 SCHOOL DR
City-St-Zip: EVERGLADES CITY, FL

Title: ST () Delete
Name: ANDREWS, ROBERT
Address: 401 SCHOOL DRIVE
City-St-Zip: EVERGLADES CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HILTON, CHARLES
Address: 401 SCHOOL DRIVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: V (X) Change () Addition
Name: HILTON, PAMELA
Address: 401 SCHOOL DR
City-St-Zip: EVERGLADES CITY, FL 34139

Title: ST (X) Change () Addition
Name: ANDREWS, ROBERT
Address: 401 SCHOOL DRIVE
City-St-Zip: EVERGLADES CITY, FL 34139

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAMELA HILTON

V

03/20/2005

Electronic Signature of Signing Officer or Director

Date