## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H07629

City-St-Zip:

EVERGLADES CITY, FL 34139

FILED Apr 14, 2007 Secretary of State

Entity Nan	1e: TRIAD SEAFO	OOD, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
401 SCHOO EVERGLAD	OL DRIVE DES CITY, FL 3413	39 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
PO BOX 50 EVERGLAD	007 DES CITY, FL 3413	39 US			
FEI Number:	59-2429511 FEI	Number Applied For ( )	El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HILTON, CHARLES 401 SCHOOL DRIVE PO BOX 5007 EVERGLADES CITY, FL 34139 US			HILTON, CHARLES 401 SCHOOL DRIVE EVERGLADES CITY, F		
The above in the State		its this statement for the purpo	ose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/14/2007	
	Electronic Sig	nature of Registered Agent		Date	
Election Cam	paign Financing Trus	t Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delete HILTON, CHARLES 401 SCHOOL DRIVE EVERGLADES CITY,		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	V () Delete HILTON, PAMELA 401 SCHOOL DR EVERGLADES CITY,		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	ST () Delete ANDREWS, ROBERT 401 SCHOOL DRIVE		Title: ( Name: Address:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: PAMELA HILTON VΡ 04/14/2007