
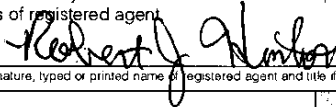
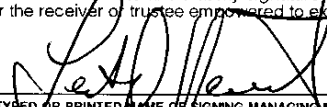


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90044 026 ****50.00

DOCUMENT # L00000004666					
1. Entity Name TREDALIGN, LLC					
Principal Place of Business 4111 N JOHN YOUNG PARKWAY, BAY 1 ORLANDO FL 32804			Mailing Address 201 ESTATE DRIVE SOUTH MANDEVILLE LA 70448		
2. Principal Place of Business			3. Mailing Address 15711 NE 6th Circle		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Vancouver WA		
Zip	Country	Zip	Country	4. FEI Number 59-3649120	
98684		98684		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NICHOLSON, KENT 4111 N. JOHN YOUNG PKWY ORLANDO FL 32804				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name Robert Hinton					
Street Address (P.O. Box Number is Not Acceptable) 4111 N. John Young Pkwy					
City Orlando				FL Zip Code 32804	
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 				DATE 4/25/05	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWTON, LESTER D 201 ESTATE DR. S MANDEVILLE LA 70448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWTON, ANNETTE W 201 ESTATE DRIVE SOUTH MANDEVILLE LA 70448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				4/20/05 (360) 896-3765	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	