


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90018 046 ****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 15711 NE 6TH CIRCLE VANCOUVER WA 98684
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 98684 Country



1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent HINTON, ROBERT 4111 N. JOHN YOUNG PKWY ORLANDO FL 32804		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

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	MGR Newton, Lester D 15711 NE 6th Circle Vancouver, WA 98684 <input checked="" 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	ST Newton, Annette W. 15711 NE 6th Circle Vancouver, WA 98684 <input checked="" 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 exemptions contained in Section 119, 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: Annette W. Newton **4/11/06 (360) 896-3765**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #