## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000037602

Entity Name: TRIADAC PERSPECTIVE, INC.

FILED May 13, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

914 JEFFERY ST 23397 WATER CIRCLE BOCA RATON, FL 33487 BOCA RATON, FL 33486

**Current Mailing Address: New Mailing Address:** 

23397 WATER CIRCLE 914 JEFFERY ST BOCA RATON, FL 33486 BOCA RATON, FL 33487

FEI Number: 02-0589086 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEVINE, JEFFREY A 4000 N FEDERAL HWY STE 201 BOCA RATON, FL 33431

LEVINE, JEFFREY A 6175 NÓRTH FEDERAL HIGHWAY SUITE 301 BOCA RATON, FL 33487 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: 05/13/2007

Electronic Signature of Registered Agent

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: (X) Change ( ) Addition HAVEKOTTE, PAUL L HAVEKOTTE, PAUL L

Name: Name: 914 JEFFERY STREET 23397 WATER CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33487 US City-St-Zip: BOCA RATON, FL 33486 US

Title: D/VP Title: () Change () Addition () Delete

HAVEKOTTE, J J Name: Name: 1038 JEFFERY STREET Address: Address: BOCA RATON, FL 33487 US City-St-Zip: City-St-Zip:

Title: Title: D/ST ( ) Delete D/ST (X) Change ( ) Addition HAVEKOTTE, ELEANOR H Name: HAVEKOTTE, ELEANOR H Name: 914 JEFFERY STREET 23397 WATER CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33487 US City-St-Zip: BOCA RATON, FL 33486 US

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

SIGNATURE: PAUL L HAVEKOTTE D/P 05/13/2007