
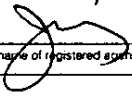



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90044 046 ***158.75

DOCUMENT # P02000078312 1. Entity Name TRIODE SYSTEMS, INC.																							
Principal Place of Business 9535 LAKE SERENA DRIVE SUITE #100 BOCA RATON, FL 33496			Mailing Address 9535 LAKE SERENA DRIVE SUITE #100 BOCA RATON, FL 33496																				
2. Principal Place of Business 981 NW 18 AVENUE Suite, Apt. #, etc.		3. Mailing Address 981 NW 18 AVENUE Suite, Apt. #, etc.																					
City & State BOCA RATON, FL Zip 33486 Country		City & State BOCA RATON, FL Zip 33486 Country		4. FEI Number 72-1529963																			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																			
6. Name and Address of Current Registered Agent WIBERG, JAMES P 9535 LAKE SERENA DRIVE BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 981 NW 18 AVENUE City BOCA RATON FL Zip Code 33486																				
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  JAMES P. WIBERG, PRESIDENT 1/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																							
SIGNATURE:  JAMES P. WIBERG 1/6/06 (561)544-2902 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							