## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 05, 2007 8:00 am Secretary of State

DOCUMENT # P02000078312  1. Entity Name TRIODE SYSTEMS, INC.						04-05-2007	•	1 ***15	8.75	
981 NW 187	e of Business H AVE I, FL 33496	Mailing Address 981 NW 18TH AVE SUITE #100 BOCA RATON, FL 334	196			 8808    180    180    180    180    180    180    180    180    180    180    180    180    180    180    180				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 981 NW 18 AVE.		٤						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-P	CR2E034	4 (12/06)			
City & State		City & State BOCA RATON FL		-	4. FEI Numbe 72-1529			<b>—</b>	plied For t Applicable	
Zip	Country	33Y86	Coun USA	try		of Status Desired	Fe	8.75 Add		
	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New	Registered Ag	ent		
WIBERG, JAMES P 981 NW 18TH AVE BOCA RATON, FL 33486				Name Street Address (P.O. Box Number is Not Acceptable)						
BOCA RA	10N, FL 33466									
				City			FL	Zip Code	9	
	named entity submits this statement ions of registered agent.	, , , , , , , , , , , , , , , , , , , ,	o rogioto.		stered agent, or both	11, 111 1110 01010 011				
the obligated SIGNATURE.	Signature, typed or printed name of registered age  E NOWIII FEE IS \$150.00	ont and title if applicable. (NO  9. Election Campa	TE: Registere	icing _ \$	uired when reinstating)		DATE	•		
the obligated SIGNATURE.  FIL.  After M.	ions of registered agent.  Signature, typed or printed name of registered age  E NOW!!! FEE IS \$150.00  By 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cor	TE: Registere aign Finar atribution.	icing _ \$	\$5.00 May Be Added to Fees					
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Independent of the information supplied with this filing does not quality 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 eath; 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 WIBALG

561)544-2902