2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028347

Entity Name: TRIAD LOGISTICS SERVICES CORPORATION

FILED Feb 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 150 UTOPIA CIR 314 LAURIE STREET MERRITT ISLAND, FL 32952 MELBOURNE, FL 32935 **Current Mailing Address: New Mailing Address:** 150 UTOPIA CIR 314 LAURIE STREET MERRITT ISLAND, FL 32952 MELBOURNE, FL 32935 FEI Number: 81-0644368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TUGGLE, TIMOTHY R 150 UTOPIA CIR MERRITT ISLAND, FL 32952 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().

Title:

Name:

Address:

City-St-Zip:

OFFICERS AND DIRECTORS:

TUGGLE, DOROTHY B

MERRITT ISLAND, FL 32952

150 UTOPIA CIRCLE

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition TUGGLE, TIMOTHY R TUGGLE, TIMOTHY R Name: Name: 150 UTOPIA CIR 150 UTOPIA CIR Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32952 Title: MR. Title: VΡ (X) Change () Addition () Delete BOGALIS, GLENN A Name: BOGALIS, GLENN A Name: 13449 BEECHBERRY DRIVE 13449 BEECHBERRY DRIVE Address: Address: RIVERVIEW, FL 33579 City-St-Zip: RIVERVIEW, FL 33579 City-St-Zip: Title: Title: MRS (X) Delete () Change () Addition

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: TIMOTHY R TUGGLE **PRES** 02/19/2009