

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018401

FILED
Jul 10, 2006
Secretary of State

Entity Name: TRIAD CONSULTANTS NETWORK, INC.

Current Principal Place of Business:

487 GOLDEN ARM ROAD
DELTONA, FL 32738

New Principal Place of Business:

487 GOLDEN ARM ROAD
DELTONA, FL 327388653

Current Mailing Address:

487 GOLDEN ARM ROAD
DELTONA, FL 32738

New Mailing Address:

487 GOLDEN ARM ROAD
DELTONA, FL 327388653

FEI Number: 59-3627491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAAS, JON S CLP
487 GOLDEN ARM ROAD
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

HAAS, JON S CLP
487 GOLDEN ARM ROAD
DELTONA, FL 327388653 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: JON S. HAAS, CLP

07/10/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAAS, JON S CLP
Address: 487 GOLDEN ARM ROAD
City-St-Zip: DELTONA, FL 32738

Title: D VP () Delete
Name: HAAS, LINDA S
Address: 487 GOLDEN ARM ROAD
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JON S. HAAS, CLP

DP

07/10/2006

Electronic Signature of Signing Officer or Director

Date