

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018401

FILED  
Sep 04, 2007  
Secretary of State

**Entity Name:** TRIAD CONSULTANTS NETWORK, INC.

**Current Principal Place of Business:**

487 GOLDEN ARM ROAD  
DELTONA, FL 327388653

**New Principal Place of Business:**

**Current Mailing Address:**

487 GOLDEN ARM ROAD  
DELTONA, FL 327388653

**New Mailing Address:**

**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 327388653 US

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

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

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:**

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 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

09/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date