2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064517

City-St-Zip:

SARASOTA, FL 34242

Entity Name: TRIAD MANAGEMENT GROUP INC.

FILED Apr 18, 2006 Secretary of State

Littly Nai	ME. TRIADIMANAGEMENT GROOF, I	inc.		
Current P	rincipal Place of Business:	New Principal Place o	New Principal Place of Business:	
	NIGHT PASS ROAD #1002 'A, FL 34242			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	NIGHT PASS ROAD #1002 'A, FL 34242			
FEI Number:	: FEI Number Applied For () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		nt: Name and Address of	Name and Address of New Registered Agent:	
C/I ICARD 2033 MAIN SARASOT The above	CHARD S IV,ESQ MERRILL ET AL. I STREET #600 'A, FL 34237 US I named entity submits this statement for	r the purpose of changing its registered	l office or registered agent, or both,	
	e of Florida.			
SIGNATU	Electronic Signature of Registere	ed Agent	 Date	
Election Car	mpaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete MINTON, REX W 6300 MIDNIGHT PASS ROAD #1002 SARASOTA, FL 34242	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete MINTON, RUSSELL G 6300 MIDNIGHT PASS ROAD #1002 SARASOTA, FL 34242	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST () Delete MINTON, RANDALL W 6300 MIDNIGHT PASS ROAD #1002	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MINTON REX, W. P 04/18/2006