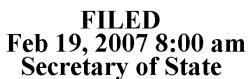
2007 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P06000110309 1. Entity Name TRIAD PROFESSIONAL SERVICES, INC.						ary of \$1 90045 037 ***1:	
937 BIRMINGHAM CT. 937 BI 207 207		Mailing Address 937 BIRMINGHAM CT. 207 LAKE MARY,, FL 32746	937 BIRMINGHAM CT. 207		i in Br iff fun Tr n Gein Ge	HELTTER HAN BETER FAN GENA	TÎNDÎ LÎ SEKÎ
Suite, Apt. #, etc. 207 City & State LAKE MARY, F. Suite, Apt. #, etc. 207 City & State LAKE MARY, F.		937 Birmi Suite, Apt. #, etc. 207 City & State LA-he MA	ny, 1-1.	0214200°	7 Chg-P	7/	pplied For lot Applicable
3274	SEMINOLE 6. Name and Address of Current F	32746	SEMINO	<u>/</u>	ate of Status Desired	\$8.75 Ac Fee Requir	
MUNIZZI, JOHN 937 BIRMINGHAM CT. 207 LAKE MARY, FL 32746			Name Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND D		11.	ADDITION	S/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MUNIZZI, JOHN 937 BIRMINGHAM CT. #207 LAKE MARY, FL 32746	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VP Deiete THI MUNIZZI, LEE 2009 LONGWOOD LAKE MARY ROAD- SUITE 1015 LONGWOOD, FL 32750 CR					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T Delete TITT Delete TITT NAM 937 BIRMINGHAM CT. #207 STR LAKE MARY, FL 32746 CTT					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 ceth; 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: 2-15-07 (407)3022935							