

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90116 001 ***150.00
 02-06-2008 90116 002 ****8.75

DOCUMENT # P06000110309 1. Entity Name TRIAD PROFESSIONAL SERVICES, INC.	
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Principal Place of Business 937 BIRMINGHAM CT. 207 LAKE MARY, FL 32746 US	Mailing Address 937 BIRMINGHAM CT. 207 LAKE MARY, FL 32746 US
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DO NOT WRITE IN THIS SPACE

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01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1509571	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent MUNIZZI, JOHN 937 BIRMINGHAM CT. 207 LAKE MARY, FL 32746	DO NOT WRITE IN THIS SPACE
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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.

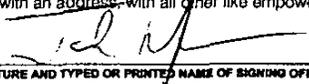
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNIZZI, JOHN 937 BIRMINGHAM CT. #207 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNIZZI, LEE 2009 LONGWOOD LAKE MARY ROAD- SUITE 1015 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T MUNIZZI, JOHN 937 BIRMINGHAM CT. #207 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  2-1-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #