


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000001261**  
 1. Entity Name  
**TRIAD PLANT COMPANY, INC.**



Principal Place of Business      Mailing Address  
**8839 S 155TH STREET**      **C/O BLAKESBURG & CPAS**  
**DELRAY BEACH, FL 33446 US**      **BOCA RATON, FL 33432 US**

**DO NOT WRITE IN THIS SPACE**



04102006    No Chg-P    CR2E034 (11/05)

4. Fbi Number      Applied For  
**65-0718762**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FELDMAN, ELLYN**  
**4566 SAINT ANDREWS DR.**  
**BOYNTON BEACH, FL 33438**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution        \$5.00 May Be Added to Fees

1000000508999  
 04/28/06-80029-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ELLYN FELDMAN
STREET ADDRESS	4566 SAINT ANDREWS DR
CITY- ST- ZIP	BOYNTON BCH, FL
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 807, 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:     *president*    4/10/06    561 637 4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #