


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90153 042 ***150.00

DOCUMENT # S92113	
1. Entity Name TRIAM CONSULTANTS, INC.	

Principal Place of Business 3000 N.E. 30TH PLACE SUITE 102 FORT LAUDERDALE FL 33306	Mailing Address 3000 N.E. 30TH PLACE SUITE 102 FORT LAUDERDALE FL 33306
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2. Principal Place of Business 1324 N. STATE ROAD 7	3. Mailing Address 1324 N. STATE ROAD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MARGATE, FL	City & State MARGATE, FL
Zip 33063	Zip 33063
Country USA	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0357933		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AUTRY, ALLEN 3000 N.E. 30TH PLACE SUITE 102 FT. LAUDERDALE FL 33306		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AUTRY, ALLEN		NAME AUTRY, ALLEN	
STREET ADDRESS 3000 N.E. 30TH PLACE, SUITE 102		STREET ADDRESS 1324 N. STATE ROAD 7	
CITY-ST-ZIP FT. LAUDERDALE FL 33306		CITY-ST-ZIP MARGATE FL 33063	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AUTRY, DEANNA W		NAME	
STREET ADDRESS 3000 NE 30TH PLACE #102		STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33306		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Allen Autry (ALLEN AUTRY) 4/28/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #