2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S92113

1. Entity Name
TRIAM CONSULTANTS, INC.

FILED
05 OCT -7 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1324 N STATE ROAD 7 MARGATE, FL 33063	1324 N STATE ROAD 7 MARGATE, FL 33063

10052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0357933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUTRY, ALLEN 1324 N STATE ROAD 7 MARGATGE, FL 33063	Name: DEANNA W. AUTRY Street Address (P.O. Box Number is Not Acceptable): 1324 N. STATE ROAD 7 City: MARGATE FL Zip Code: 33063

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: Deanna W. Autry - DEANNA W. AUTRY, DIRECTOR 10/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AUTRY, ALLEN 1326 N STATE RD, 7 MARGATE, FL 33063	☑ Delete	D/C/S/T DEANNA W. AUTRY 1324 N. STATE ROAD 7 MARGATE, FL 33063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AUTRY, DEANNA W 1326 N STATE RD, 7 MARGATE, FL 33063	☑ Delete	V KEN ROBERTS 1324 N. STATE ROAD 7 MARGATE, FL 33063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D/P ALLEN AUTRY JR. 1324 N. STATE ROAD 7 MARGATE, FL 33063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AP 10/10	☐ Delete	100060352981 10/07/05--01041--007 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Deanna W. Autry - DEANNA W. AUTRY 10/5/05 954-568-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #