

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34626

Entity Name: TRIAD ADVISORS, INC.

FILED  
Jul 28, 2008  
Secretary of State

**Current Principal Place of Business:**

465 N. COUNTRY CLUB DRIVE  
ATLANTIS, FL 33462 US

**New Principal Place of Business:**

**Current Mailing Address:**

5185 PEACHTREE PARKWAY  
STE #280  
NORCROSS, GA 30092

**New Mailing Address:**

FEI Number: 65-0173164      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WENTLEY, DAVID  
465 N COUNTRY CLUB DR  
ATLANTIS, FL 33462 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: HIXON, BARRY C.  
Address: 789 S. FEDERAL HWY  
City-St-Zip: STUART, FL

Title: P ( ) Delete  
Name: METTELMAN, MARK  
Address: 5185 PEACHTREE PARKWAY, SUITE 280  
City-St-Zip: NORCROSS, GA 30092

Title: ST ( ) Delete  
Name: BRUDERMAN, ROBERT  
Address: 7465 W. LAKE MEAD BLVD., SUITE #100  
City-St-Zip: ATLANTIS, FL 33462

Title: D ( ) Delete  
Name: SMITH, CRAIG  
Address: 4344 CHEROKEE TRAIL  
City-St-Zip: GAINESVILLE, GA 30504

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: BRUDERMAN, ROBERT  
Address: 7440 WEST SAHARA AVENUE  
City-St-Zip: LAS VEGAS, NV 89117

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK C METTELMAN

P

07/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date