

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34626

FILED
Jan 20, 2009
Secretary of State

Entity Name: TRIAD ADVISORS, INC.

Current Principal Place of Business:

5185 PEACHTREE PARKWAY, SUITE 280
NORCROSS, GA 30092 US

New Principal Place of Business:

Current Mailing Address:

5185 PEACHTREE PARKWAY, SUITE 280
NORCROSS, GA 30092 US

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:

HELLER, BRIAN
4400 BISCAYNE BLVD., 12TH FLOOR
MIAMI, FL 33137 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: PD () Delete
Name: METTELMAN, MARK C
Address: 5185 PEACHTREE PARKWAY, SUITE 280
City-St-Zip: NORCROSS, GA 30092 US

Title: DTS () Delete
Name: MATHIS, KEITH
Address: 5185 PEACHTREE PARKWAY, SUITE 280
City-St-Zip: NORCROSS, GA 30092

Title: EVPD () Delete
Name: BRUDERMAN, ROBERT
Address: 7440 WEST SAHARA AVENUE
City-St-Zip: LAS VEGAS, NV 89117

Title: D () Delete
Name: BLANCATO, PHILIP S
Address: 520 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KEITH MATHIS

DTS

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date