

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34626

FILED  
Feb 02, 2011  
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:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: METTELMAN, MARK C  
Address: 5185 PEACHTREE PARKWAY, SUITE 280  
City-St-Zip: NORCROSS, GA 30092 US

Title: VPD  
Name: PAYNE, CHESTER  
Address: 5185 PEACHTREE PARKWAY, SUITE 280  
City-St-Zip: NORCROSS, GA 30092

Title: D  
Name: BRUDERMAN, ROBERT  
Address: 7440 WEST SAHARA AVENUE  
City-St-Zip: LAS VEGAS, NV 89117

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

I hereby 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 all other like empowered.

SIGNATURE: MARK METTELMAN

PRES

02/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date