2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54135

FILED Jan 05, 2006 Secretary of State

Entity Name: NEW-ERA TRADING GROUP, INC.

Current P	rincipal Place	of Business:	New Principal Plac	ce of Business:
	FIRST CT. KE PINES, FL	330247003		
LIVIBITO	11120,12	5552 H 555		
Current Mailing Address:		New Mailing Address:		
	FIRST CT. KE PINES, FL	330247003		
El Number	: 65-0093914	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	s of New Registered Agent:
7511 NW	STEVEN L 1ST COURT KE PINES, FL	33024 US		
The above		submits this statement for the	ourpose of changing its registe	ered office or registered agent, or both,
	e oi Fiorida.			
n the Stat				
n the Stat	RE:	nic Signature of Registered Ag	ent	Date
n the Stat SIGNATU	RE: Electron	nic Signature of Registered Ag	ent	Date
n the Stat SIGNATU Election Ca	RE: Electron	g Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTOR
n the Stat SIGNATU Election Ca	RE: Electron mpaign Financin S AND DIREC DPT (HOCKE, STEVI 7511 NW FIRS	g Trust Fund Contribution (). TORS:) Delete EN L		
n the Stat BIGNATU Election Ca DFFICER itle: lame: .ddress:	RE: Electron mpaign Financin S AND DIREC DPT (HOCKE, STEVI 7511 NW FIRS PEMBROKE P D (GRANT, J. STU	g Trust Fund Contribution (). TORS:) Delete EN L T CT NES, FL 33024) Delete IART BAY DRIVE SUITE 199	ADDITIONS/CHAN Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
the State St	RE: Electron mpaign Financin S AND DIRECT DPT (HOCKE, STEV 7511 NW FIRS PEMBROKE PI D (GRANT, J. STL 1901-17 WEST LARGO, FL 33 D (MALLETT, RON 2716 VICTORIA	g Trust Fund Contribution (). TORS:) Delete EN L T CT NES, FL 33024) Delete JART BAY DRIVE SUITE 199 5770) Delete NALD L	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN LEE HOCKE DPT 01/05/2006