2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# P01000014634

Entity Name: C D TRADING CARDS INC.

Current Principal Place of Business:

4253 13TH STREET
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

4253 13TH STREET
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-3750120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALAWAY, DOUGLAS
4253 13TH STREET
SAINT CLOUD, FL 34769 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: D ( ) Delete
Name: GRALNICK, PAUL
Address: 5072 HAWKS HAMMOCK WAY
City-St-Zip: SANFORD, FL 32771

Title: PD ( ) Delete
Name: CALAWAY, DOUGLAS
Address: 5815 GUENEVERE COURT
City-St-Zip: SAINT CLOUD, FL 34772

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SIMPKINS, CARL
Address: 3359 HORSESHOE BEND CT
City-St-Zip: LONGWOOD, FL 32779

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

Title: D ( ) Change (X) Addition
Name: WINDISCH, ROBERT
Address: 2804 BURTON PLACE
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS CALAWAY PD 01/11/2005

Electronic Signature of Signing Officer or Director Date