

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012519

FILED
May 02, 2007
Secretary of State

Entity Name: ALON TRADING GROUP, LLC

Current Principal Place of Business:

10311 WOODBERRY RD
#303
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

10311 WOODBERRY RD
#303
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3743454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYNES, RONALD
10311 WOODBERRY RD
#303
TAMPA, FL 33619 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAYNES, RONALD
Address: 2420 W BRANDON BLVD #200
City-St-Zip: BRANDON, FL 33511

Title: MGRM () Delete
Name: HAYNES, CRISTENE
Address: 2420 W BRANDON BLVD #200
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAYNES, RONALD
Address: 10311 WOODBERRY ROAD #303
City-St-Zip: TAMPA, FL 33619

Title: MGRM (X) Change () Addition
Name: HAYNES, CRISTENE
Address: 10311 WOODBERRY ROAD #303
City-St-Zip: TAMPA, FL 33619

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RONALD HAYNES

MGRM

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date