

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 504043

FILED
Mar 11, 2007
Secretary of State

Entity Name: ANTARES TRADING COMPANY

Current Principal Place of Business:

450-106 SR 13 N
#232
JACKSONVILLE, FL 32259 US

Current Mailing Address:

450-106 SR13 N
232
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

450-106 SR 13 N
#232
FRUIT COVE, FL 32259 US

New Mailing Address:

450-106 SR13 N
2#32
FRUIT COVE, FL 32259 US

FEI Number: 59-1726292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCQUEEN, B. Y TREASUR
1109 POPOLEE RD.
FRUIT COVE, FL 32259 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: SD () Delete
Name: MCQUEEN, B YOUNG,
Address: 1109 POPOLEE RD
City-St-Zip: FRUIT COVE, FL 32259

Title: PD () Delete
Name: MCQUEEN, LINDA S,
Address: 1109 POPOLEE RD
City-St-Zip: FRUIT COVE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: B. YOUNG MCQUEEN

SD

03/11/2007

Electronic Signature of Signing Officer or Director

Date