2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001644

Entity Name: ESTTRADE CONSULTING INC.

FILED Jul 10, 2005 Secretary of State

149-15 BEECH AVE. FLUSHING, NY 11355

Current Mailing Address: New Mailing Address:

FORT MYERS, FL 333905 # 207

FORT MYERS, FL 33901

FEI Number: 11-3566318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOYCHIK, JIM 23196 MARSH LANDING BLVD. ESTERO, FL 33928 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP () Delete Title: P (X) Change () Addition

Name: AASMA, ALAR Name: AASMA, ALAR

 Address:
 13425 5 TH ST
 Address:
 3870 CENTRAL AV # 207

 City-St-Zip:
 FORT MYERS, FL 33905
 City-St-Zip:
 FORT MYERS, FL 33901

Title: V () Delete Title: V (X) Change () Addition

Name: AASMA, RIINA Name: AASMA, RIINA

 Address:
 13425 5 TH ST
 Address:
 3870 CENTRAL AV # 207

 City-St-Zip:
 FORT MYERS, FL 33905
 City-St-Zip:
 FORT MYERS, FL 33901

Title: S () Delete Title: S (X) Change () Addition

Name: AASMA, RIINA Name: AASMA, RIINA

 Address:
 13425 5 TH ST
 Address:
 3870 CENTRAL AV # 207

 City-St-Zip:
 FORT MYERS, FL 33905
 City-St-Zip:
 FORT MYERS, FL 33905

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: AASMA ALAR P 07/10/2005