## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F50737

FILED Mar 27, 2006 Secretary of State

Entity Name: INTERNATIONAL TRADE & CAPITAL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1394 S.W. EAGLEGLEN PLACE STUART, FL 34997 **Current Mailing Address: New Mailing Address:** 1394 S.W. EAGLEGLEN PLACE STUART, FL 34997 FEI Number: 59-2231199 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORNELL, BRIAN J 1394 SW ÉAGLEGLEN PLACE STUART, FL 34997 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition CORNELL, WILLIAM Name: Name: 1394 S.W. EAGLEGLEN PLACE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: PSD Title: Title: () Delete () Change () Addition Name: CORNELL, BRIAN Name: 1394 S.W. EAGLEGLEN PLACE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: Title: (X) Change ( ) Addition TPD ( ) Delete PTD HEIDACKER, KAREN M HEIDACKER, KAREN M Name: Name: 1394 S.W. EAGLEGLEN PLACE 1394 S.W. EAGLEGLEN PLACE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: VPD () Delete Title: VPD (X) Change ( ) Addition LIANOS, JAMES BARWICK, MICHAEL D Name: Name: Address: 1394 S.W. EAGLEGLEN PLACE Address: 300 PASADENA DRIVE City-St-Zip: STUART, FL 34997 City-St-Zip: MONTEREY, CA 93946 Title: Title: ( ) Change (X) Addition () Delete Name: Name: STEIN, RAYMOND Address: 1394 SW EAGLEGLEN PLACE Address: City-St-Zip: City-St-Zip: STUART, FL 34997

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: WILLIAM CORNELL CD 03/27/2006