

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 25 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F94000004527</b> 1. Entity Name <b>CEVA TRADE SERVICES, INC.</b>					
Principal Place of Business <b>15350 VICKERY DRIVE HOUSTON, TX 77032 US</b>			Mailing Address <b>15350 VICKERY DRIVE HOUSTON, TX 77032</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>93-0959551</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CRANE, JAMES R CEO <input checked="" type="checkbox"/> Delete 15350 VICKERY DRIVE HOUSTON, TX 77032		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARABIN, DANA A <input type="checkbox"/> Delete 15350 VICKERY DRIVE HOUSTON, TX 77032		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Dana C. O'Brien <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SECKEL, DOUGLAS A <input checked="" type="checkbox"/> Delete 15350 VICKERY DRIVE HOUSTON, TX 77032		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200125747762 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCMO BENTO, EDWARD J <input type="checkbox"/> Delete 15350 VICKERY DRIVE HOUSTON, TX 77032		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LEONARD, CHARLES H. <input checked="" type="checkbox"/> Delete 15350 VICKERY DRIVE HOUSTON, TX 77032		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Dave Souza <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15350 Vickery Drive. Houston TX 77032	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO TALLEY, RONALD E <input checked="" type="checkbox"/> Delete 15350 VICKERY DRIVE HOUSTON, TX 77032		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:			4/18/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 542936 7516354

AUTHORIZATION :

COST LIMIT : \$ 150.00

*[Signature]*

RECEIVED  
08 APR 25 AM 8:50  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ORDER DATE : April 24, 2008

ORDER TIME : 3:55 PM

ORDER NO. : 542936-015

CUSTOMER NO: 7516354

ANNUAL REPORT FILING

NAME: CEVA TRADE SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#2933

EXAMINER'S INITIALS: \_\_\_\_\_