

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F97000002850 1. Entity Name ITRADEDIRECT.COM CORP				FILED 06 MAR 10 AM 10:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 633 S FEDERAL HIGHWAY 400A FORT LAUDERDALE, FL 33301		Mailing Address 633 S FEDERAL HIGHWAY 400A FORT LAUDERDALE, FL 33301		 REINSTATEMENT 05-06 02082008 REIN-FL CR2E088 (4/05)	
2. Principal Place of Business 5340 W. FEDERAL Hwy Suite, Apt. #, etc. 106		3. Mailing Address Suite, Apt. #, etc.			
City & State LIGHTHOUSE POINT FL		City & State			
Zip 33064		Country USA		4. FEI Number 56-1523460	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARLT, ERIC D 633 S FEDERAL HIGHWAY 400A FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name ARLT, ERIC D Street Address (P.O. Box Number is Not Acceptable) 7896 EASTLAKE DRIVE #210 City BOCA RATON FL Zip Code 33433		
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 2/7/06	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ARLT, ERIC D 633 S FEDERAL HIGHWAY #400A FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ARLT, ERIC D 7896 EASTLAKE DRIVE #210 BOCA RATON FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KOFFMAN, DANIEL E 204 BRIDGE ST CHARLEVOIX, MI 49720	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SANDERS, BRIAN 30' LONG BOW WADING RIVER NY 11792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRIS GINUS 8 REMSEN COURT SINAI NY 11766	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3' COO SEAN CASE 19 REMSEN COURT SINAI NY 11766	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100069546051 04/05/06--01041--001 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/7/06	
Daytime Phone # 954 448 6668		Daytime Phone #			