

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90121 030 ***150.00

DOCUMENT # F97000004282 1. Entity Name PHOENIX TRADING CORPORATION					
Principal Place of Business 1133 53RD COURTH NORTH MANGONIA PARK, FL 33407			Mailing Address PO BOX 10115 RIVIERA BEACH, FL 33419		
2. Principal Place of Business <i>152 WATERS EDGE DR</i>		3. Mailing Address <i>152 WATERS EDGE DR</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04042006 Chg-P CR2E034 (11/05)	
City & State <i>Jupiter, FL 33477</i>		City & State <i>Jupiter, FL</i>		4. FEI Number 36-3881415	
Zip <i>33477</i>		Country <i>USA</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PFEFFER, IRA M 1133 53RD CT N MANGONIA PARK, FL 33407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>152 WATERS EDGE DR</i> City <i>Jupiter</i> FL Zip Code <i>33477</i>		
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 _____ DATE <i>4/7/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PFEFFER, IRA <i>152 WATERS EDGE DR</i> 1133 53RD CT N <i>Jupiter, FL 33477</i> WEST PALM BEACH, FL 33407		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHERWIN, JAMES ADLIGENSWILERSTRASSE 37 6006 LUZERN SWITZERLAND,		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD PARNASS, GEOFFREY 2 PARK WAY UPPER SADDLE RIVER, NJ 07458		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS OUTLAW, CHRIS 2 PARK WAY UPPER SADDLE RIVER, NJ 07458		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: _____ <i>IRA M. PFEFFER</i> <i>4/7/06</i> <i>561 723 1350</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					