
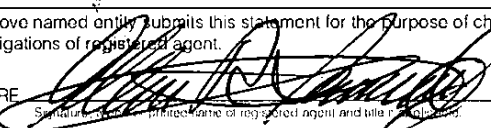
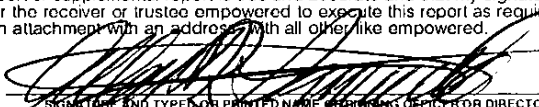


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90046 036 ***150.00

DOCUMENT # G50450 1. Entity Name INTERNATIONAL TRADING AGENCY, INC.					
Principal Place of Business 6740 CROOSWINDS DR N K-1 ST. PETERSBURG FL 33743 US			Mailing Address PO BOX 40566 ST. PETERSBURG FL 33743 US		
2. Principal Place of Business - No P.O. Box # 6234 Vista Verde West			3. Mailing Address 		
Suite, Apt. #, etc. St Petersburg, Florida			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 33707		Country USA		4. FEI Number 59-2308384	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SAMUELS, ALLEN R. 6740 CROSSWINDS DR N SUITE K-1 ST. PETERSBURG FL 33710				7. Name and Address of New Registered Agent Name Allen R Samuels Street Address (P.O. Box Number is Not Acceptable) 6234 Vista Verde West City St Petersburg, FL Zip Code 33707	
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  Allen R Samuels - President Feb 5, 2007 <small>(Signature of registered agent and title required.) (NOT Registered Agent signature required when reinstating.) (DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 SAMUELS, ALLEN R. 6740 CROSSWINDS DR N K-1 ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Allen R Samuels 6234 Vista Verde West St Petersburg, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SAMUELS, SCOTT 6740 CROSSWINDS DR N K-1 ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Scott Samuels 1216 79th Street South St Petersburg, FL 33707	<input checked="" 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
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 Section 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: 			Feb 5, 2007 727-667-7915		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		