2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 30, 2007 8:00 am Secretary of State DOCUMENT # J67518 1. Entity Name 01-30-2007 90012 005 ***150.00 TRANS-TRADE AMERICAN CORP. Principal Place of Business Mailing Address 9908 WESTWOOD DRIVE TAMARAC FL 33321 9908 WESTWOOD DRIVE TAMARAC FL 33321 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-2717979 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOCKHART JYLVESTER LOCKHART, SYLVESTER Street Addross (P.O. Box Number is Not Acceptable) 1756 LAUDERDALE MANOR DR. FT. LAUDERDALE FL 33311 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. DIRECTOR (NOT) Registered Agent signature reduced when resistance) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1011 ши ☐ Delete Addition LOCKHART, SYLVESTER NAMI NAMI 1756 LAUDERDALE MANOR DR STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY ST ZIP CHY ST ZIP ШЩ Delete 1110 ☐ Change Addilion NAME NAMI STREET ADDRESS STREEL ADDRESS CHY SEZIP CITY SE ZIP TITLL ☐ Delete 1011 Change Addition NAMI NAMI STRUET ADDRESS STRLET ADDRESS CHY ST 71P CITY ST ZIP 11111 ☐ Delete Change ■ Addition 1000 NAM NAMI STREET ADDRESS STREET ADDRESS CHY S1 ZIP Defete HILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CHY ST ZIP THILE ☐ Delete ☐ Change Addition NAM NAMI STREET ADDRESS STRIFE LADDRESS CITY ST ZIP CITY ST 7IP 12. I hereby certify that the information supplied with this filling 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.

FILED