## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

1. Entity Nam	MENT # K75515 erade inc.		Secretary of Sta
Principal Place 9210 SW 14 MIAMI, FL 3	8 CT 9210 SW 148 CT		
DO NOT WRITE IN THIS SPACE			01042007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Applied For O120440
		*	65-0120449 Not Applicable  5. Certificate of Status Desired Sa.75 Additional Fee Required
6. Name and Address of Current Registered Agent  CHUCK, VICTOR P. 9446 SW 146 CT MIAMI, FL 33186			DO NOT WRITE IN THIS SPACE
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  Signature, typed or protect agent and tribe it applicable. (NOTE: Registered Agent agent and tribe it applicable.)  PILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS  VD  MARTIN, IAN O. 9210 SW 148 COURT  MIAMI, FL 33196		UQQQQQ580965 Q1/10/07-80068-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-7IP			01/10/07-80068-023 150.00
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
NAME STREET ADDRESS CHY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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

IAN MARTIN

1-4-07

305-386-3269

Daytime Phone #