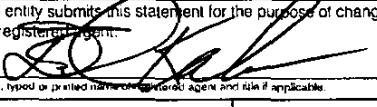
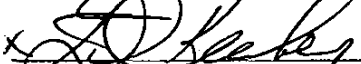


May 27 06 07:40p

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90368 021 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000104218			
1. Entity Name PEOPLE'S TRADING GROUP, LLC			
Principal Place of Business 4608 N. OCEAN BLVD., APT. 1 LAUDERDALE BY THE SEA FORT LAUDERDALE, FL 33308		Mailing Address 4608 N. OCEAN BLVD., APT. 1 LAUDERDALE BY THE SEA FORT LAUDERDALE, FL 33308	
2. Principal Place of Business 4549 BOUGAINVILLE DR #4 SUITE #4 LBT5, FL 33308		3. Mailing Address 4549 BOUGAINVILLE DR SUITE #4 LBT5, FL 33308	
City & State LBT5, FL		City & State LBT5, FL	
Zip 33308		Country USA	
4. FEI Number 20-3712958		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		06142006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent KEELER, EDWARD 4608 N. OCEAN BLVD., APT. 1 LAUDERDALE BY THE SEA FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent EDWARD KEELER 4549 BOUGAINVILLE DR LBT5, FL 33308	
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  ED KEELER DATE 6/15/06 Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM KEELER, ED 4608 N. OCEAN BLVD., APT. 1 FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM EDWARD KEELER 4549 BOUGAINVILLE DR. STE 4 LBT5, FL 33308	
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60A, Florida Statutes.			
SIGNATURE:  ED KEELER		DATE: 6/15/06 DAYTIME PHONE: 754-235-6320	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			