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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

20047420

Principal Place of Business	Mailing Address
~~4608 N. OCEAN BLVD., APT. 1~~ ~~LAUDERDALE BY THE SEA~~ ~~FORT LAUDERDALE, FL 33308~~	~~4608 N. OCEAN BLVD.,~~ APT. 1 ~~LAUDERDALE BY THE SEA~~ ~~FORT LAUDERDALE, FL~~ 33308

2. Principal Place of Business		3. Mailing Address	
4549 BOUGAINVILLA DR 4		4549 BOUGAINVILLA DR	
Suite, Apt. #, etc.: SUITE #4		Suite, Apt. #, etc.: SUITE #4	
City & State: LBTS, FL		City & State: LBTS, FL	
Zip: 33308	Country: USA	Zip: 33308	Country: USA

06142006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-3712958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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

Name: EDWARD KEELER
Street Address (P.O. Box Number is Not Acceptable): 4549 BOUGAINVILLA DR
City: LBTS FL Zip Code: 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: [signature] ED KEELER 6/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EDWARD KEELER 4549 BOUGAINVILLA DR. STE 4 LBTS, FL 33308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: [signature] ED KEELER 6/15/06 754-235-6320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #