2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 20, 2007 8:00 am Secretary of State DOCUMENT # L06000052256 03-20-2007 90140 015 ****50.00 INTERNATIONAL TRADE, LLC Principal Place of Business Mailing Address 2046 TREASURE COAST PLAZA #348 2046 TREASURE COAST PLAZA #348 VERO BEACH, FL 32960-9031 VERO BEACH, FL 32960-9031 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5460 East Harbor Village Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 03132007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State VERO BEACH 51-0590839 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired П 3296 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RECCHIA, ANTHONY 5460 E HARBOR VILLAGE DR Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32967 Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MERM TITLE ☐ Change ☐ Addition TITLE □ Delete Anthony Reachia NAME NAME 5460 EAST HATBOT VILLAGE Drive STREET ADDRESS STREET ADORESS VERO BENCH FI. 32967 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE Delete NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED