2005 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** May 02, 2005 08:00 AN DOCUMENT # P00000027165 **Secretary of State** 1. Entity Name D4X TRADING CO. Principal Place of Business Mailing Address 1948 IOWA AVENUE NORTHEAST 1948 IOWA AVENUE NORTHEAST ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 04272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3630517 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DEFOREST, DOUGLAS A 1948 IOWA AVENUE NORTHEAST ST. PETERSBURG, FL 33703 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 printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DEFOREST, DOUGLAS A 05/02/05-80157-021 150.00 1948 IOWA AVENUE NORTHEAST STREET ADDRESS ST. PETERSBURG, FL 33703 CITY-ST-ZIP SD TITLE DEFOREST, DIANE K NAME 1948 IOWA AVENUE NORTHEAST STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33703 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-782 TITLE MAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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