2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 A Secretary of State

DOCUMENT # P0000074057 1. Entity Name AMERICA'S COMMODITY TRADERS, INC.				Secretary of S			
Principal Plac 740 JAVA RO COCOA BEAC		Mailing Address 740 JAVA ROAD COCOA BEACH, FL 32931					
DO NOT WOITE IN THE COM			04272005 No Chg-P GR2E034 (10/03)				
DO NOT WRITE IN THIS SP			CE	4. FEI Numb			Applied For Not Applicable
				5. Certificate	of Status Desired		.75 Additional Required
LOYNES, RONALD S 740 JAVA ROAD COCOA BEACH, FL 32931			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 Types or printed name of registered agent and life if approable (NOTE Registered Agent signature recourse when reinstating) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution				5.00 May Be ded to Fees			
10.	OFFICERS AND DIR	ECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	LOYNES, RONALD S 740 JAVA ROAD COCOA BEACH, FL 32931						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000 05/02/05-	03488 80 -80040-00	20 150.00
TITLE			1				i

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes if 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:

NAME STREET ADDRESS

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

CITY-ST-ZIP

Mall Layny Rowald S. Loyne
NATURE AND TYPED OR PROTEED NAME OF SIGNING OFFICER OR DIRECTOR

28 April 2005

371-783-1014