

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90274 017 ***150.00

DOCUMENT # P00000075839 1. Entity Name AMERICAN TRADE ALLIANCE, INC.					
Principal Place of Business <i>Please change below</i> 315 SE MITZER BLVD 209 BOCA RATON, FL 33432			Mailing Address 315 SE MITZER BLVD 209 BOCA RATON, FL 33432		
2. Principal Place of Business 23142 A Sandalf foot Plaza		3. Mailing Address 23142 A Sandalf foot Plaza Dr.			
Suite, Apt. #, etc. Pr.		Suite, Apt. #, etc.		04212005 Chg-P CR2E034 (10/03)	
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 65-1031808	
Zip 33428		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORKUS, KAREN L 315 SE MIZNER BLVD STE 209 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Norkus, Karen L. Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent. SIGNATURE <i>Karen Norkus</i> DATE 4/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORKUS, KAREN L 315 SE MIZNER BLVD 209 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Norkus, Karen L. 23142 A. Sandalf foot plaza Drive Boca Raton, FL, 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORKUS, EDMOND S 315 SE MIZNER BLVD 209 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Norkus, Edmond S. 23142 A. Sandalf foot plaza Drive Boca Raton, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE <i>Karen Norkus</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/21/05 Daytime Phone # 561-482-7212		