2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# P01000090255

Entity Name: I.A.M.C.O. TRADING CORP.

Current Principal Place of Business:

2100 EAST HALLANDALE BEACH BLVD.
SUITE 400
HALLANDALE, FL 33009

New Principal Place of Business:

501 GOLDEN ISLES DRIVE
SUITE 203
HALLANDALE, FL 33009

Current Mailing Address:

2100 EAST HALLANDALE BEACH BLVD.
SUITE 400
HALLANDALE, FL 33009

New Mailing Address:

501 GOLDEN ISLES DRIVE
SUITE 203
HALLANDALE, FL 33009

FEI Number: 65-1137996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTHONY S. ADELSON, P.A.
2100 EAST HALLANDALE BEACH BLVD.
SUITE 400
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

ANTHONY S. ADELSON, P.A.
501 GOLDEN ISLES DRIVE
SUITE 203
HALLANDALE, FL 33009 US

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.

SIGNATURE: ANTHONY S. ADELSON 03/20/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: ADELSON, IRENE
Address: 2100 EAST HALLANDALE BEACH BLVD., 400
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: PD ( ) Delete
Name: ADELSON, MAX
Address: 2100 EAST HALLANDALE BEACH BLVD., 400
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: ADELSON, IRENE
Address: 501 GOLDEN ISLES DRIVE, SUITE 203
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: PD (X) Change ( ) Addition
Name: ADELSON, MAX
Address: 501 GOLDEN ISLES DRIVE, SUITE 203
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX ADELSON P 03/20/2007
Electronic Signature of Signing Officer or Director Date