2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90306 011 ***150.00

DOCUMENT # P01000112893

1. Entity Name
TRADING SECRETS INC.

Principal Place of Business	Mailing Address
827 LITTLE HAMPTON LANE GOTHA, FL 34734	827 LITTLE HAMPTON LANE GOTHA, FL 34734

01102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2591 Pebble Creek Pl.	2591 Pebble Creek Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33948 Country: USA	Zip: 33948 Country: USA

4. FEI Number: 59-3758211 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOSTWICK, JOANNA M 827 LITTLE HAMPTON LANE GOTHA, FL 34734	Name: Joanna M Bostwick Street Address (P.O. Box Number is Not Acceptable): 2591 Pebble Creek Place City: Port Charlotte FL Zip Code: 33948

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: Joanna Bostwick 1-10-06

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $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	P BOSTWICK, JOANNA M 827 LITTLE HAMPTON LANE GOTHA, FL 34734	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V GERMAINE, SHARON 827 LITTLE HAMPTON LANE GOTHA, FL 34734	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained 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 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: Joanna Bostwick 1-10-06 941-255-3762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR