## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # P02000077209  1. Entity Name NATIONAL TRADING OF USA CORP.									04-27-2006	90204 0	40 ***15	50.00
Principal Place of Business 5289 SHADOWLAWN AVENUE TAMPA, FL 33610			5	Mailing Address 5289 Shadowlawn Avenue Tampa, Fl 33610			,	φv	UU!			
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04252006	Chg-P	CR2E03	34 (11/05)	
City & State				City & State			4. FEI Numbe		·	<u> </u>	oplied For of Applicable	
Zip	Country			Zip	try		5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current				tered Agent	Nama		7. Name and	Address of New F	Registered A	gent		
DANA, GREGORY 8513 PARROTS LANDING DRIVE TAMPA, FL 33647						Name Street Addres	ess (F	P.O. Box Numbe	r is Not Acceptable	<del>)</del>		
						City				FL	Zip Cod	e
		ty submits this statement lered agent.	for the	ourpose of changing its	s register	l ed office or regi:	istere	ed agent, or bot	h, in the State of Fl		amiliar with,	and accept
	Signature, typed	d or printed name of registered age	ent and title	if applicable. (NOT	E: Registere	d Agent signature req	quired	when reinstating)		DATE		
After Ma		FEE IS \$150.00 6 Fee will be \$550		9. Election Campa Trust Fund Con				00 May Be ed to Fees				
10.	P	OFFICERS AN	ID DIRE		11.	<del>-</del> 1		ADDITIONS/	CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	DANA, G 8513 PAF	REGORY RROTS LANDING DR FL 33647	IIVE	□ Delete							L] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	18114 HE	, JOSEPH ERON WALK DRIVE FL 33647		☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Delete	TITLI NAM STRE	E					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition
indicated of the cor	l on this repo poration or t	ne information supplied wort or supplemental report the receiver or trustee en tachment with an addres	rt is true npowere	and accurate and that d to execute this repor	my signa t as requi	ture shall have t	the s	same legal effec	t as if made under	oath; that I a	m an officer	r or director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytme Phone #