

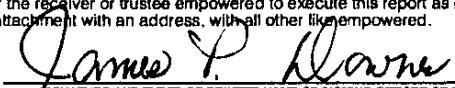


FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000078085				Mar 19, 2007 08:00 Secretary of State	
1. Entity Name DOWNES TRADING COMPANY					
Principal Place of Business 5730 STAGG THICKET LANE PALM HARBOR, FL 34685		Mailing Address 5730 STAGG THICKET LANE PALM HARBOR, FL 34685			
					
		03132007 No Chg-P CR2E034 (11/05)			
		4. FEI Number 22-3856662		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
DOWNES, JAMES P 5730 STAGG THICKET LANE PALM HARBOR, FL 34685					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD DOWNES, JAMES P 5730 STAGG THICKET LANE PALM HARBOR, FL 34685			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: 		3-13-07 813-855-7122			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			