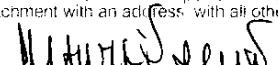


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90083 008 ***150.00

DOCUMENT # P02000078409			
1. Entity Name NEW WORLD TRADE, INC.			
Principal Place of Business 8249 SKYLANE WAY BLDG. #111 PUNTA GORDA, FL 33982		Mailing Address C/O ROBERT D. ROYSTON, JR P O DRAWER 60205 FT MYERS, FL 60205	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Drawer 60205	
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o John M. Wicker, P.A.	
City & State		City & State Fort Myers FL	
Zip	Country	Zip	Country
		33906	Lee
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD, STE 101 FT MYERS, FL 33907		Name Street Adc JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 City ode	
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		DATE	
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MAX	NAME	
STREET ADDRESS	8249 SKYLANE WAY, BLDG. 111	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGLE, MARTA	NAME	
STREET ADDRESS	8249 SKYLANE WAY, BLDG. 111	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 affidavit, with all other like empowered			
SIGNATURE:  MARTA EAGLE		4.6.08 941.205.5873	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Phone #	