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Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90143 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000078784

1. Entity Name
TRENDTRAKERZ, INC.

Principal Place of Business	Mailing Address
701 U.S. HWY. ONE, STE. 402 NORTH PALM BEACH, FL 33408	701 U.S. HWY. ONE, STE. 402 NORTH PALM BEACH, FL 33408

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10800 N. MILITARY TRAIL	10800 N. MILITARY TRAIL
Suite, Apt. #, etc. 212	Suite, Apt. #, etc. 212
City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARDENS, FL
Zip 33410 Country USA	Zip 33410 Country USA

4. FEI Number 52-2375243 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, LAWRENCE W
701 U.S. HWY. ONE, STE. 402
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name JEFFREY B. HAHN
Street Address (P.O. Box Number Is Not Acceptable) 1515 NORTH FEDERAL HIGHWAY
SUITE 300
City BOCA RATON, FL Zip Code 33432

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 [signature] DATE 4/1/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GRABEL, VICTORIA		NAME	
STREET ADDRESS	701 U.S. HWY. ONE, STE. 402		STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAIN, DONNA		NAME	
STREET ADDRESS	701 U.S. HWY. ONE, STE. 402		STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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: [signature] 4/1/03 (561) 301-7080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)