

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90429 039 \*\*\*150.00

<b>DOCUMENT # P02000103841</b>					
<b>1. Entity Name</b> TRADER PUBLISHING COMPANY					
<b>Principal Place of Business</b> 10014 GROVE DRIVE C PORT RICHEY, FL 34668 US			<b>Mailing Address</b> 13806 LITTLE RD. 222 HUDSON, FL 34667 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 10014 Grove Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite C			
City & State		City & State Port Richey, FL			
Zip	Country	Zip 34668	Country USA	<b>4. FEI Number</b> 11-3662161	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SALOMON, PETER J 13806 LITTLE RD. 222 HUDSON, FL 34667			<b>7. Name and Address of New Registered Agent</b> Name: Peter J. Salomon Street Address (P.O. Box Number is Not Acceptable): 10014 Grove Dr Suite C City: Port Richey FL Zip Code: 34668		
<b>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.</b> SIGNATURE:  DATE: 4-27-06					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> SALOMON, PETER J <b>STREET ADDRESS</b> 13806 LITTLE RD. #222 <b>CITY-ST-ZIP</b> HUDSON, FL 34667	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> PETER J. SALOMON <b>STREET ADDRESS</b> 10014 GROVE DR SUITE C <b>CITY-ST-ZIP</b> PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> SALOMON, PETER J <b>STREET ADDRESS</b> 13806 LITTLE RD. #222 <b>CITY-ST-ZIP</b> HUDSON, FL 34667	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> PETER J. SALOMON <b>STREET ADDRESS</b> 10014 GROVE DR. SUITE C <b>CITY-ST-ZIP</b> PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>			Peter J. Salomon		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-27-06		