2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112269

3901 SW 47TH AVE STE 402

FORT LAUDERDALE, FL 33314

Address:

City-St-Zip:

FILED Mar 15, 2005 Secretary of State

| Entity Name: EVERYTHING TRADESHOWS, INC. | | | | | |
|--|--|----------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| | 7 AVE STE 40 RDALE, FL 3 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | 7 AVE STE 40 RDALE, FL 3 | | | | |
| FEI Number: | 30-0122884 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| MATTHEWS, ALAN H 3901 SW 47 AVE STE 402 FT LAUDERDALE, FL 33314 US | | | | LOCASIO, JOHN 3901 SW 47 AVE STE 402 FT LAUDERDALE, FL 33314 US | |
| The above in the State | named entity of Florida. | submits this statement for the p | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: JOHN LOCASIO | | | | 03/15/2005 | |
| | Electron | nic Signature of Registered Age | ent | Date | |
| Election Can | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP (X MATTHEWS, A 3901 SW 47 A' FT LAUDERDA | /E STE 402 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | LOCASCIO, JO 3901 SW 47TH | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | PILUSO, BART 3901 SW 47TH | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | DCFO (CHASE, CHRIS |) Delete TIAN D | Title: Name: | () Change() Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN LOCASIO **PRES** 03/15/2005