

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90410 009 \*\*\*150.00

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<b>DOCUMENT # P03000028399</b> 1. Entity Name <b>PALM BAY TRADING, INC.</b>			
Principal Place of Business 206 ROMAN AVE NE PALM BAY, FL 32907		Mailing Address 206 ROMAN AVE NE PALM BAY, FL 32907	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 100391</b> Suite, Apt. #, etc.	
City & State <b>PALM BAY, FL</b>		4. FEI Number <b>52-2329860</b>	
Zip <b>32910-6391</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SALTZ, PAUL</b> <b>206 ROMAN AVE NE</b> <b>PALM BAY, FL 32907</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>SALTZ, PAUL R</b>	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS <b>206 ROMAN AVE NE</b>	CITY-ST-ZIP <b>PALM BAY, FL 32907</b>	STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
CITY-ST-ZIP <b>PALM BAY, FL 32907</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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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:		Date: <b>4/20/2006</b> Daytime Phone #: <b>(321) 288-3200</b>	