
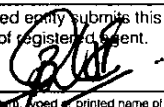
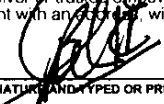


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90024 037 \*\*\*150.00

<b>DOCUMENT # P03000034359</b>			
1. Entity Name <b>G &amp; A TRADING INC.</b>			
Principal Place of Business <b>2624 GRACE DR FT LAUDERDALE, FL 33316</b>		Mailing Address <b>2624 GRACE DR FT LAUDERDALE, FL 33316</b>	
2. Principal Place of Business - No P.O. Box # <b>1500 N Federal Highway</b> Suite, Apt. #, etc.		3. Mailing Address <b>1500 N Federal Highway</b> Suite, Apt. #, etc.	
City & State <b>Pompano Beach, FL</b> Zip <b>33062</b> Country <b>USA</b>		City & State <b>Pompano Beach, FL</b> Zip <b>33062</b> Country <b>USA</b>	
4. FEI Number <b>05-0563476</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WHEBLE, ANNERLEY 2624 GRACE DR FT LAUDERDALE, FL 33316</b>		7. Name and Address of New Registered Agent Name <b>Greg Whible</b> Street Address (P.O. Box Number is Not Acceptable) <b>1500 N. Federal Highway</b> City <b>Pompano Beach</b> FL Zip Code <b>33062</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. SIGNATURE  <b>President</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>23 January 2007</b>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D WHEBLE, ANNERLEY 2624 GRACE DR FT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEBLE, GREY 2624 GRACE DR FT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Whible, Greg 1500 N Federal Highway Pompano Beach, FL, 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Greg Whible</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <b>23 January 2007</b> Daytime Phone # <b>954 411 2300</b>	