

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


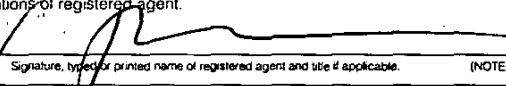
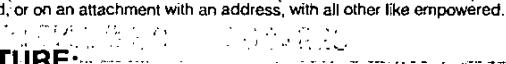
**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90181 045 \*\*\*150.00

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02112005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000041553</b>					
1. Entity Name <b>PKT TRADING CO.</b>					
Principal Place of Business <b>15108 BRIAR RIDGE FORT MYERS, FL 33912</b>			Mailing Address <b>45 EAST 66TH STREET APT. 2E NEW YORK, NY 10021-6102</b>		
2. Principal Place of Business <b>7550 Bay Side Lane</b>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Miami, FL</b>			City & State		
Zip <b>33141</b>		Country	Zip		Country
4. FEI Number <b>65-1188537</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>C-T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City <b>FL</b>		
Zip Code			Zip Code		
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  (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00 - After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FULLUM, TIMOTHY J</b>	NAME	<b>7550 Bayside Lane</b>		
STREET ADDRESS	<b>15108 BRIAR RIDGE</b>	STREET ADDRESS	<b>Miami, FL 33141</b>		
CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>	CITY-ST-ZIP	<b>Miami, FL 33141</b>		
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					