2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059620

Address: City-St-Zip:

LAKE WORTH, FL 33460

FILED May 02, 2008 Secretary of State

Entity Name: TRADELINE USA, INC. **Current Principal Place of Business: New Principal Place of Business:** 4200 COMMUNITY DRIVE **SUITE 1016** WEST PALM BEACH, FL 33409 **New Mailing Address: Current Mailing Address:** P.O BOX 6995 WEST PALM BEACH, FL 33405 FEI Number: 20-0724989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAX HOUSE CORPORATION TAX HOUSE CORPORATION 1261E SAMPLE RD 1100 S FEDERAL HWY POMPANO BEACH, FL 33064 US US DEERFIELD BEACH, FL 33441 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. SIGNATURE: BRENO GOMES 05/02/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ALCANTARA, ROSELY M PD Name: Name: 4200 COMMUNITY DRIVE #1016 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: Title: Title: () Delete () Change () Addition Name: NUNES, ANTONIO JOSE X VD Name: 4200 COMMUNITY DRIVE#1016 Address: Address: WEST PALM BEACH, FL 33409 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition FARIA, ANDRE Name: Name: 202 LUCERNE AVENUE #2 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: ROSELY M ALCANTARA PD 05/02/2008