2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070995

FILED Apr 21, 2005 Secretary of State

Entity Name: AMERICAN COFFEE TRADERS, INC.		•	
Current Principal Place of Business:	New Principal Place o	of Business:	
4196 S PLEASANT GROVE RD INVERNESS, FL 34452			
Current Mailing Address:	New Mailing Address	:	
P.O. BOX 923 INVERNESS, FL 34451			
FEI Number: 86-1069308 FEI Number Applied For () F	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		New Registered Agent:	
ELSIE, LAWRENCE 4196 S PLEASANT GROVE RD INVERNESS, FL 34452 US			
The above named entity submits this statement for the purp in the State of Florida.	oose of changing its registered	office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P () Delete	Title: DP	(X) Change()Addition	

ELSIE, LAWRENCE ELSIE, LAWRENCE Name: Name: Address: 4196 S PLEASANT GROVE RD Address: 4196 S PLEASANT GROVE RD City-St-Zip: INVERNESS, FL 34452 City-St-Zip: INVERNESS, FL 34452 Title: () Delete Title: (X) Change () Addition MIERZWINSKI, MACIE MIERZWINSKI, MACIEJ Name: Name: Address: 4196 S PLEASANT GROVE RD Address: 4196 S PLEASANT GROVE RD INVERNESS, FL 34452 INVERNESS, FL 34452 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete DV Name: Name: ELSIE, CHRISTOPHER L Address: Address: 9200 NORTH 64TH PLACE City-St-Zip: City-St-Zip: PARADISE VALLEY, AZ 85253 US

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.

SIGNATURE: LAWRENCE E. ELSIE DP 04/21/2005