2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2004 8:00 am Secretary of State

| ANNOAL REPORT | | | | | Secretary or State | | | |
|--|--|---|------------|--|--------------------------------|---------------------------|-----------------------------------|----------------------|
| DOCUMENT # P0300094114 1. Entity Name WALLSTREET FINANCIAL TRADING, INC. | | | | | 05-05-2004 90202 008 ***150.00 | | | |
| Principal Plac | o of Rusinose | | | 7 | 24 | 071093 | | |
| 102 SADDLE | | Mailing Address 102 SADDLE TRAIL ROYAL PALM BEACH, FL 33411 | | | ₩. I | | | |
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| 2. Principal Place of Business 3. Mailing Address | | | | | | | | |
| 477 S. ROSEMARY AVE 477 S. A | | | SEMARY AYE | | | giar iiii) oain aasi asib | MRSSE CONC. BINDS INDEX INDIA DIN | ING! II INDI |
| Suite, Apt. | | Suite, Apt. #, etc. | | | O1 D | 0005004 (40100) | | |
| i | TE 228 | 57E 22 | | R | 04292004 | Chg-P | CR2E034 (10/03) | |
| City & State City & State | | | | | 4. FEI Number | | I IAD | plied For |
| | | | BEA | CH. El | | 0957625 | | t Applicable |
| Zip | Country | Zip | Countr | | | | _ \$8.75 Add | |
| 3340 | , , | 3340) | | , | 5. Certificate of | f Status Desired | Fee Require | |
| 00-7-0 | 6. Name and Address of Current I | | | 7. Name and | Address of New Re | gistered Agent | | |
| | | <u></u> | | Name | | · | | ···· |
| DICRISCI. | JOSEPH C | | Į | | | | | |
| 102 SADDLE TRAIL | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ROYAL PALM BEACH, FL 33411 | | | | | | | | |
| | | | | | | | | |
| | | | ſ | City | | | FL Zip Code | 9 |
| 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 | | | | | | | | |
| | ions of registered agent | the burbose or changing its i | registere | d once or registe | ered agent, or bott | i, in the State of Flor | ida. Tam iamiliar with, | али ассері |
| | | | | | | | | |
| SIGNATURE TOSEPH DICKISCI 4 28/04 | | | | | | | | |
| Signature, typed or gooded name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0 | 9. Election Campaig Trust Fund Contr | | | 5.00 May Be ided to Fees | | | |
| 10. | OFFICERS AND I | DIRECTORS | 11, | | ADDITIONS/0 | HANGES TO OFFI | CERS AND DIRECTORS | 3 IN 11 |
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| NAME | | | NAME | | | | onungo | |
| STREET ADDRESS | | | ı | T ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-: | I | | | | |
| TITLE | | | TITLE | | | | Change | Addition |
| NAME | | | NAME | | | | Change | L_J Addition |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | 47 | | 1 | ST-ZIP | | | | |
| | | | | | | | [7] Obs. | |
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| STREET ADDRESS | | | STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY- | ST-ZIP | | | | |
| 12. I hereby | certify that the information supplied with on this report or supplemental report is | this filing does not qualify for | the exer | nption stated in S | Section 119.07(3)(i |), Florida Statutes. I | further certify that the in | nformation |
| | | 7 | | Company of the control of the contro | | on if made under a | -1) (1 -1) - (2 | |

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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/28/04

561 - 385 - 737/ Daytime Phone #