

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110201

FILED
Jan 15, 2007
Secretary of State

Entity Name: ANGLO AMERICAN TRADING CORP.

Current Principal Place of Business:

%SWOPE LAMBERSON
8955 FONTAN DEL SOLWAY
NAPLES, FL 34109

New Principal Place of Business:

C/O SWOPE LAMBERSON & CHARBONNEAU
8955 FONTANA DEL SOL WAY
NAPLES, FL 34109

Current Mailing Address:

%SWOPE LAMBERSON
PO BOX 111419
NAPLES, FL 341080124

New Mailing Address:

C/O SWOPE LAMBERSON & CHARBONNEAU
PO BOX 111419
NAPLES, FL 341080124 US

FEI Number: 55-0856218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANE LAMBERSON, SWOPE, LAMBERSON,ET
8955 FONTANA DEL SOLWAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

LAMBERSON, JANE E
8955 FONTANA DEL SOLWAY
NAPLES, FL 34109 US

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: JANE E LAMBERSON

01/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BOSWORTH, JOHN F
Address: THE COACH HOUSE, HURCOTT, KIDDERMINSTER
City-St-Zip: WORCESTERSHIRE, UK, DY10 3PJ OC

Title: VPTD () Delete
Name: MUNNS, CHRISTINE
Address: THE COACH HOUSE, HURCOTT, KIDDERMINSTER
City-St-Zip: WORCESTERSHIRE, UK, DY10 3PJ OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: JOHN BOSWORTH

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01/15/2007

Electronic Signature of Signing Officer or Director

Date