



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90186 039 \*\*\*150.00

<b>DOCUMENT # P0300011630</b> 1. Entity Name <b>INTERNATIONAL TRADING &amp; CONSULTING, INC.</b>					
Principal Place of Business <del>1015 SEMORAN BLVD STE 105 #1452</del> <del>CASSELBERRY, FL 32707</del> <b>5415 LAKE HOWELL ROAD, SUITE 219</b> <del>WINTER PARK, FL 32792</del>			Mailing Address <b>1015 SEMORAN BLVD STE 105 #1452</b> <b>CASSELBERRY, FL 32707</b> <del>20 NORTH ORANGE AVE</del> <del>ORLANDO, FL 32801</del>		
2. Principal Place of Business <b>5415 Lake Howell Rd</b>		3. Mailing Address <b>20 North Orange Ave</b>			
Suite, Apt. #, etc. <b>Suite 219</b>		Suite, Apt. #, etc. <b>Suite 600</b>		01312005    Chg-P    CR2E034 (10/03)	
City & State <b>Winter Park, Florida</b>		City & State <b>Orlando, Florida</b>		4. FEI Number <b>20-0319398</b>	
Zip    Country <b>32782    USA</b>		Zip    Country <b>32801    USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HENDRY, STONER, DELANCETT, BROWN, P.A.</b> <b>20 N. ORANGE AVENUE</b> <b>SUITE 600</b> <b>ORLANDO, FL 32801</b>					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>WELSH, MARGARETE A</b> <b>375 CANTOR BLVD</b> <b>CASSELBERRY, FL 32707</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>MORRISON, JOSEPH GRAY SR.</b> <b>611 IVANHOE WAY</b> <b>CASSELBERRY, FL 32707</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SUMRALL, HASKELL H JR.</b> <b>722 CHICKAPEE TR</b> <b>MAITLAND, FL 32751</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>BUIS, NEAL G</b> <b>1015 SEMORAN BLVD, STE 105, #1452</b> <b>CASSELBERRY, FL 32707</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/23/05 Date    Daytime Phone #		