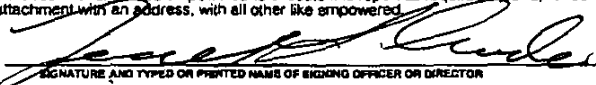


FILED
Mar 15, 2005 8:00 am
Secretary of State

02-09-2005 90034 024 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000141066		
1. Entity Name TRAFALGAR CAPITAL GROUP, INC.		
Principal Place of Business 20 N ORANGE AVE 14TH FLOOR ORLANDO, FL 32801 US		Mailing Address 20 N ORANGE AVE 14TH FLOOR ORLANDO, FL 32801 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent THE LAW OFFICES OF LAWRENCE H HABER, P.A. 800 N. MAGNOLIA AVE. SUITE 227 CELEBRATION, FL 34747		66005372  02012005 No Chg-P CR2E034 (10/03)
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.		4. FEI Number 20-0425968 Applied For ☐ Not Applicable
SIGNATURE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST AMODEO, FRANK 20 N ORANGE AVE., 14TH FL ORLANDO, FL 32801	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.		
SIGNATURE:  5/5/05 (101) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 569057 Date Daytime Phone		