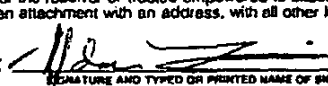


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90001 050 ***150.00

DOCUMENT # P04000008003					
1. Entity Name FRIESIAN TRADERS, INC.					
Principal Place of Business 1282 SW PELICAN CRESCENT PALM CITY FL 34990			Mailing Address 1282 SW PELICAN CRESCENT PALM CITY FL 34990		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0492362	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELDSTEIN, ADAM S 1282 SW PELICAN CRESCENT PALM CITY FL 34990			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 removing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	FELDSTEIN, ADAM S		NAME		
STREET ADDRESS	1282 SW PELICAN CRESCENT		STREET ADDRESS		
CITY- ST- ZIP	PALM CITY FL 34990		CITY- ST- ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FELDSTEIN, JENNIFER A		NAME		
STREET ADDRESS	1282 SW PELICAN CRESCENT		STREET ADDRESS		
CITY- ST- ZIP	PALM CITY FL 34990		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 			Adam S. Feldstein		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

772-383-8423
772-383-6027