2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000065826 FILED 05 SEP 14 AM 11: 15 TREND ADVISORS, INC. SLUKE FARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 2359 P.O. BOX 2359 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address 2281 Lec Road Suite, Apt. #, etc. Suite, Apt. #. etc. 08252005 CR2E034 (10/03) Chg-P 707 City & State Par Applied For City & State 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWART, MICHAEL C Street Address (P.O. Box Number is Not Acceptable) 11 E SPRUCE STREET ORLANDO, FL 32804 City 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 typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE 18 \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Ð ☐ Delete TITLE ☐ Change ☐ Addition STEWART, MICHAEL C NAME NAME HEAST SPRUCE STREET 2281 LCC Rd Suite 204 STREET ADDRESS STREET ADDRESS OPLANDO, FL 32804 Unter Park, FL 32789 CITY-ST-ZIP CITY-ST-ZIP Pres ☐ Delete TITLE Change. Addition TITLE NAME Pietkiewicz, James M 2281 Lee Rd - Suite 204 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP C/TY-51-7/P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Oelete ME TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP 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 Michael C SIGNATURE: SIGNATURE AND TYPED OR PROTED HAME OF SIGNING OFFICER OR DIRECTOR

8/29/2005-90142-002-\$550.00-\$550.00