2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 06, 2005 8:00 am Secretary of State DOCUMENT # P04000104162 09-06-2005 90137 038 ***150.00 SHARE TRADERS UNLIMITED, INC. Mailing Address Principal Place of Business 1819 DOCKSIDE DRIVE 1819 DOCKSIDE DRIVE AAAAATTA VALRICO, FL 33594 VALRICO, FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08262005 CR2E034 (10/03) 4. FEI Number 201358598 City & State City & State Applied For Not Applicable Country Zio Country Żip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOLDEN, ALAN 1819 DOCKSIDE DRIVE Street Address (P.O. Box Number is Not Acceptable) VALRICO, FL 33594 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE BOLDEN, ALAN NAME NAME STREET ADDRESS 1819 DOCKSIDE DRIVE STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-ZIP مة يه TITLE ☐ Delete TITLE Change _ ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP. _ ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE 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. Thereby certify that the information supplied with this filling 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

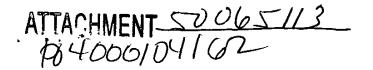
SIGNATURE:

ING OFFICER OR DIRECTOR

Date

FILED

Daytime Phone #



DIVISION OF CORPORATIONS

Please be advised that I was not aware that I had to send in money to the state to stay a corporation, I thought that once I was a corporation that I was paid in full.

Enclosed is my check for \$150 so that I can renew my corporation and I am asking that you would please waive the late fee.

SHARE TRADERS UNLIMITED INC # 201358598

Phone # (813) 681-2497 Fax # (813) 662-5909