2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# P05000067445

Entity Name: TOBACCO EXCHANGE INC.

Current Principal Place of Business:

18671 COLLINS AVENUE SUITE 1502
SUNNY ISLES, FL 33160

New Principal Place of Business:

18851 NE 29TH AVE
720
AVENTURA, FL 33180

Current Mailing Address:

18671 COLLINS AVENUE SUITE 1502
SUNNY ISLES, FL 33160

New Mailing Address:

18090 COLLINS AVE
T17/213
SUNNY ISLES, FL 33160

FEI Number: 14-1929898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOONEY, JAMES F MR
18671 COLLINS AVE.
1502
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

NOONEY, JAMES F MR
18090 COLLINS AVE
T17/213
SUNNY ISLES, FL 33160 US

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.

SIGNATURE: 01/04/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: NOONEY, JAMES
Address: 18671 COLLINS AVENUE SUITE 1502
City-St-Zip: SUNNY ISLES, FL 33160

Title: VTD ( ) Delete
Name: PINSON, GARY
Address: 18671 COLLINS AVENUE SUITE 1502
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: NOONEY, JAMES
Address: 18090 COLLINS AVE T17/213
City-St-Zip: SUNNY ISLES, FL 33160

Title: VTD (X) Change ( ) Addition
Name: PINSON, GARY
Address: 18090 COLLINS AVE T17/213
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES NOONEY PS 01/04/2007
Electronic Signature of Signing Officer or Director — Date