2007 FOR PROFIT CORPORATION

May 02, 2007 8:00 am Secretary of State

05-02-2007 90072 048 ***150.00

ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P06000061321 CONTINENTAL COMMODITY INC 1002246. Principal Place of Business Mailing Address 902 WIST ST P 0 BOX 4602 W PALM BEACH, FL 33402 RIVIERA BEACH, FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 03-0189 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PROVIDENCE, JOHN D Street Address (P.O. Box Number is Not Acceptable) 902 WIST ST RIVIERA BEACH, FL 33404 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE □ Delete TITLE Change PROVIDENCE, JOHN D NAME NAME **902 WIST ST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH, FL 33404 CITY-ST-ZIP TITLE □ Delete TITLE Change Addition GARDENHIRE, ASHANTA NAME NAME STREET ADDRESS 963 W 16 CT - UNIT D STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH, FL 33404 CITY-ST-ZIP Delete MILE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ 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-ZIF CITY-ST-ZIP ■ Addition TITLE □ Delete TITLE ☐ Change 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 Chapter 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 appress, with all other like empowered.