


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90014 048 ***150.00

DOCUMENT # P06000118090		
1. Entity Name NEW TRADE SERVICES, INC.		

Principal Place of Business 2873 BELTMORE PARK DR APT 204 ORLANDO, FL 32835 US	Mailing Address 2873 BELTMORE PARK DR APT 204 ORLANDO, FL 32835 US
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2. Principal Place of Business - No P.O. Box # 428 BLACK SPRINGS LANE	3. Mailing Address 428 BLACK SPRINGS LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINTER GARDEN, FL	City & State WINTER GARDEN, FL
Zip 34787	Country ORANGE
Zip 34787	Country ORANGE

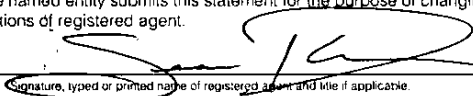


07122007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5567350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PHAETHAVONG, SEAN 2873 BELTMORE PARK DRIVE APT 204 ORLANDO, FL 32835	7. Name and Address of New Registered Agent Name PHANTHAVONG, SEAN Street Address (P.O. Box Number is Not Acceptable) 428 BLACK SPRINGS LANE City WINTER GARDEN FL Zip Code 34787
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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  SEAN PHANTHAVONG 7/30/2007
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHAETHAVONG, SEAN 2873 BEMORE PARK DRIVE APT 204 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHANTHAVONG, SEAN 428 BLACK SPRINGS LANE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE:  SEAN PHANTHAVONG 7/30/2007 407-877-1056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #