


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90022 019 ***150.00

DOCUMENT # P06000119170	
1. Entity Name LONG ISLAND TRADING CORP.	

Principal Place of Business 690 EAST ATLANTIC AVE DELRAY BEACH, FL 33483	Mailing Address PO BOX 347705 MIAMI, FL 33234-7705
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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6. Name and Address of Current Registered Agent RODRIGUEZ, ALEX 690 EAST ATLANTIC AVE DELRAY BEACH, FL 33483	
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7. Name and Address of New Registered Agent Name CLIVE JACKSON Street Address (P.O. Box Number is Not Acceptable) 690 East Atlantic Avenue City Delray Beach, FL Zip Code 33483	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RODRIGUEZ, ALEX 690 EAST ATLANTIC AVE DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Jackson, Clive 690 East Atlantic Avenue Delray Beach, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, ALAN 690 EAST ATLANTIC AVE DELRAY BEACH, FL 33483 <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	V Hamilton, Marcus G. 690 East Atlantic Avenue Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" 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
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: <u>Clive Jackson</u> Clive Jackson 3/24/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #