2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90256 036 ***150.00

DOCUMENT # P07000060031

1. Entity Name
BISON TRADING COMPANY

Principal Place of Business	Mailing Address
450 DOUGLAS AVENUE SUITE 330 ALTAMONTE SPRINGS, FL 32714	450 DOUGLAS AVENUE SUITE 330 ALTAMONTE SPRINGS, FL 32714

04182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
620 Glenwood Ct. #81	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Springs	City & State
Zip: 32714 Country: Seminole	Zip Country

4. FEI Number 61-1530459 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Lacey M. Powers 620 Glenwood Ct. #81 Altamonte Springs Fla.	Name: ~~Tom P. Burkholder~~ Street Address (P.O. Box Number is Not Acceptable): ~~[illegible]~~ 620 Glenwood Ct. # 81 City: Altamonte Springs FL Zip Code: 32714

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: ~~Tom P. Burkholder~~ (Title) Lacey M. Powers 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURKHOLDER, THOMAS P 450 DOUGLAS AVENUE SUITE 330 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PD Lacey M. Powers 620 Glenwood Ct. #81 Altamonte Springs, FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST Powers last name ~~BURKHOLDER~~, LACEY M 450 DOUGLAS AVENUE, SUITE 330 ALTAMONTE SPRINGS, FL 32714	☐ Delete delete on divorce	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition I had every position and own all the stock.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Lacey M. Powers
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition will serve as registered agent
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition I run the company as it is and my husband
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition and I are divorcing.

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: Lacey M. Powers 4/28/08 4072324334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

I am 100% disabled