2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2007 08:00 All Secretary of State DOCUMENT # P93000065192 1. Entity Name DUPONT TRADING, INC. Principal Place of Business Mailing Address 169 E FLAGLER ST 169 E FLAGLER ST **STE 300** STE 300 MIAMI, FL 33131 US MIAMI, FL 33131 02132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0436907 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHECHTER, RICHARD DO NOT WRITE 169 E FLAGLER ST STE 300 IN THIS SPACE MIAMI, FL 33131 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 regit wed 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. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE SCHECHTER, RICHARD STREET ADDRESS 169 E FLAGLER ST., STE 300 U00000637619 02/26/07-80068-015 150.00 CITY-ST-ZIP MIAMI, FL TITLE SCHECHTER, EILEEN 169 E FLAGLER ST, STE 300 STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS City-SI-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

FILED