
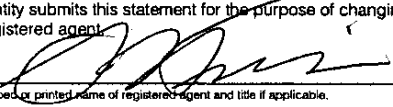
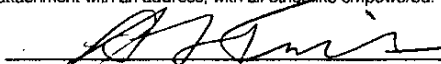


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90022 024 \*\*\*150.00

<b>DOCUMENT # P94000056391</b>					
<b>1. Entity Name</b> SLT TRADING CORPORATION					
<b>Principal Place of Business</b> 101 SEABREEZE BLVD. MANAGEMENT OFFICE DAYTONA BEACH, FL 32118			<b>Mailing Address</b> 111 PRESIDENTIAL BLVD. SUITE 230 BALA CYNWYD, PA 19004		
<b>2. Principal Place of Business</b> 1860 FOREST HILL BLVD			<b>3. Mailing Address</b>		
Suite, Apt. #, etc. SUITE 200			Suite, Apt. #, etc.		
City & State PALM BEACH, FL			City & State		
Zip 33406		Country USA		Zip City Country	
<b>4. FEI Number</b> 59-3262704				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TRIESTER, STANTON L 101 SEABREEZE BLVD. DAYTONA BEACH, FL 32118			<b>7. Name and Address of New Registered Agent</b> Name TRIESTER, STANTON L. Street Address (P.O. Box Number is Not Acceptable) 1860 FOREST HILL BLVD. SUITE 200 City PALM BEACH FL Zip Code 33406		
<b>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.</b> SIGNATURE:  DATE: 2/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PTD <b>NAME</b> TRIESTER, STANTON L <b>STREET ADDRESS</b> 101 SEABREEZE BLVD. <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		<b>TITLE</b> P/T/D <b>NAME</b> TRIESTER, STANTON L. <b>STREET ADDRESS</b> 1860 FOREST HILL BLVD. SUITE 200 <b>CITY-ST-ZIP</b> PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> TRIESTER, SONIA C <b>STREET ADDRESS</b> 35 KINGS HWY EAST STE 112 <b>CITY-ST-ZIP</b> HADDONFIELD, NJ 08033	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> NORSWORTHY, JEAN <b>STREET ADDRESS</b> 111 PRESIDENTIAL BLVD. STE 230 <b>CITY-ST-ZIP</b> BALA CYNWYD, PA 19004	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MAISTO, VINCENT <b>STREET ADDRESS</b> 35 KINGS HWY EAST, STE. 112 <b>CITY-ST-ZIP</b> HADDONFIELD, NJ 08033	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			2/15/06 (610) 667-5400 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					