2006 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-209

Feb 20, 2006 08:00 AM Secretary of State DOCUMENT # P94000063544 ADVANCED DESIGN TRADING CORP. Malling Address Principal Place of Business 9745 SUNSET DRIVE 9745 SUNSET DRIVE SUITE 201 SUITE 201 MIAMI, FL 33173-4649 MIAMI, FL 33173-4649 No Chg-P CR2E034 (11/05) 01162006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0516467 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FERNANDEZ, JAIME DO NOT WRITE 9745 SUNSET DRIVE **SUITE 201** IN THIS SPACE MIAMI, FL 33173-4649 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 Separative, typed or prated name of registered against and title if applicable. (NOTE: Registered Agent agneture required when reinstaking) 000000442436 03/04/06-80021-006 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ASCENCAO, DEOLINDA NAME 9745 SUNSET DRIVE #201 STREET ADDRESS CITY-ST-ZP MIAMI, FL 331734649 TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-51-28 3.00 NAME STREET ADDRESS CTTY-ST-7IP TITLE

FILED

12. Thereby certify that the information supplied with this filting 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 an an attachagent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

**DESCRIPTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*

DIRECTOR

**DIRECTOR*

DIRECTOR

**DIRECTOR*

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