


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90228 021 \*\*\*150.00

<b>DOCUMENT # P95000010999</b>					
1. Entity Name NEXTRADE HOLDINGS, INC.					
Principal Place of Business 301 S MISSOURI AVE SECOND FLOOR CLEARWATER, FL 33756 US			Mailing Address 301 S MISSOURI AVE SECOND FLOOR CLEARWATER, FL 33756 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YEGGE, MARK E 301 S MISSOURI AVE SECOND FLOOR CLEARWATER, FL <del>34610</del> 33756				Name <i>John M. Schaible</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>301 South Missouri Ave, 2nd Floor</i>	
				City <i>Clearwater</i>	
				State <i>FL</i>	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE <i>[Signature]</i>				DATE <i>02/06/06</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEGGE, MARK E	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	301 S. MISSOURI AVE.			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33756			CITY-ST-ZIP	
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAIBLE, JOHN	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	301 S MISSOURI AVE			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33756			CITY-ST-ZIP	
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NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Stephanie Seidl</i>				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	
<i>Stephanie Seidl - V.P. Administration</i>				<i>727-446-6660</i>	

50003206



01302006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3329317

5. Certificate of Status Desired  \$8.75 Additional Fee Required

~~34610~~  
33756

Zip Code  
33756

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

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SIGNATURE: *Stephanie Seidl* Date  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

*Stephanie Seidl - V.P. Administration*

*727-446-6660*