2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000057001

1385 WEST STATE ROAD 434

() Delete

LONGWOOD, FL 32750

Address:

Title:

Name:

City-St-Zip:

FILED Mar 31, 2004 Secretary of State

Entity Name: ADVANTAGE TRADING GROUP INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	T STATE ROA DD, FL 32750				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	T STATE ROA DD, FL 32750	D 434 US			
FEI Number:	59-3324002	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
GAGNE, KEVIN M 1385 WEST STATE ROAD 434 LONGWOOD, FL 32750 US			1385 WEST STATE R	GOBLE, RICHARD L DIR 1385 WEST STATE ROAD 434 LONGWOOD, FL 32750 US	
The above in the State		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: RICHARD L. GOBLE				03/31/2004	
Electronic Signature of Registered Agent Date					
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GOBLE, RICHAI 1385 WEST STA	ATE ROAD 434	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete M	Title: D	(X) Change () Addition	

Address:

Title:

Name:

City-St-Zip:

1385 WEST STATE ROAD 434

BUSACCA III, JOHN B PRES

() Change (X) Addition

LONGWOOD, FL 32750

Address: Address: 1385 WEST STATE ROAD 434 City-St-Zip: City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L. GOBLE DIR 03/31/2004