


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000087156</b> 1. Entity Name TRADEWEB, INC.	
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Principal Place of Business 4063 N. GOLDENROD RD STE 207 WINTER PARK, FL 32792	Mailing Address 4063 N. GOLDENROD RD STE 207 WINTER PARK, FL 32792
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**DO NOT WRITE IN THIS SPACE**



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3352255	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, JULIA A  
2004 DUCHESS LANE  
WINTER PARK, FL 32792

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IN THIS SPACE**

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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JULIA 2004 DUTCHESS LANE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HARRIS, WILLIAM C 2004 DUCHESS LN WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, CHRISTOPHER 2004 DUTCHESS LANE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/07-80058-017 150.00

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IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2/5/2007** **(407) 657-8649**  
Date Daytime Phone #