

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 03, 2007
Secretary of State**

DOCUMENT# P96000019451

Entity Name: WOLBERT TRADING, INC.

Current Principal Place of Business:

501 LILLIAN DRIVE
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

501 LILLIAN DRIVE
MADEIRA BEACH, FL 33708

New Mailing Address:

FEI Number: 59-3336300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLBERT, LINDA
501 LILLIAN DRIVE
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOLBERT, LINDA
Address: 501 LILLIAN DRIVE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: TD () Delete
Name: WOLBERT, JOHN
Address: 501 LILLIAN DRIVE
City-St-Zip: MADEIRA BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LINDA WOLBERT

PRES

07/03/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date