2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 8:00 am Secretary of State

DOCUMENT # P96000046539 1. Entity Name INDIAN RIVER TRADING COMPANY, INC.				02-28-2005 90184 024 ***150.00		
Principal Place of Business Mailing Address 580 W. MERRITT ISLAND CAUSEWAY 580 W. MERRITT ISLAND C MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 329:				ፈ ባበድን <u></u> ዕራቱ		
	1. Murn & Island Co	Mailing Address 360 W- WW1 Suite, Apt. #, etc.	1 Islandes	02172005 Chg-P	CR2E034 (10/03)	
City & State City & State Zip Cip S	3 Country Vova		2) Yew W	FEI Number 59-3387905 Certificate of Status Dec		
6. Name and Address of Current Registered Agent Name JOHNSON; ROBERT DALE 2465 SAN LORENZO COURT MERRITT ISLAND, FL 32953 Street Address (7. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)		
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 Ageny signature required when reinstating) OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution.						
10. IIILE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRE P GRIFFIS, RICKIE E 580 W. MERRITT ISLAND CAUSEW MERRITT ISLAND, FL 32953	Delete T	1. ITLE AME TREET ADDRESS ITY-ST-ZIP	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEENAN, AMPIN 307 N FISKE BLVD COCOA, FL 32922	M S	ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS		N	ITLE IAME TREET ADDRESS		☐ Change	Addition Addition

CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify 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 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 justee 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

2-23-05

Daytime Phone #