

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059005

FILED
Mar 31, 2006
Secretary of State

Entity Name: OLDE PARK TRADING COMPANY II

Current Principal Place of Business:

715 BLOOM ST
SUITE 140
CELEBRATION, FL 32789 US

Current Mailing Address:

538 PARK AVENUE SOUTH
WINTER PARK, FL 32789 US

New Principal Place of Business:

715 BLOOM ST
SUITE 140
CELEBRATION, FL 34747 US

New Mailing Address:

FEI Number: 59-3390480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEXTON, C D
538 PARK AVENUE SOUTH
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEXTON, C.D.
Address: 1879 VIA GENOA
City-St-Zip: WINTER PARK, FL

Title: VP () Delete
Name: POWERS, DANA
Address: 4280 GALT OCEAN DR
City-St-Zip: FT LAUDERDALE, FL

Title: ST () Delete
Name: SEXTON, LETTIE C
Address: 1879 VIA GENOA
City-St-Zip: WINTER PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEXTON, C.D.
Address: 1879 VIA GENOA
City-St-Zip: WINTER PARK, FL 32789

Title: VP (X) Change () Addition
Name: POWERS, DANA
Address: 52 RILEY RD, # 361
City-St-Zip: CELEBRATION, FL 34747

Title: ST (X) Change () Addition
Name: SEXTON, LETTIE C
Address: 1879 VIA GENOA
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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: C. D. SEXTON

P

03/31/2006

Electronic Signature of Signing Officer or Director

_____ Date