
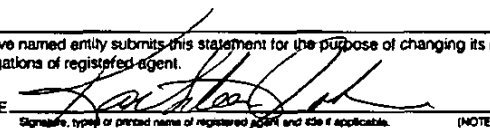
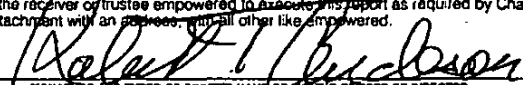


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-12-2006 90072 018 ***150.00

DOCUMENT # P97000014154					
1. Entity Name MISSOURI TRADING COMPANY					
Principal Place of Business 7684 NOB HILL ROAD SUITE 251 TAMARAC, FL 33321 US			Mailing Address 7684 NOB HILL ROAD SUITE 251 TAMARAC, FL 33321 US		
2. Principal Place of Business 8018 NW 100 Way			3. Mailing Address 8018 NW 100 Way		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Tamarac FL		City & State Tamarac FL		4. FEI Number 65-0831785	
Zip 33321		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, ROBERT T 7684 NOB HILL ROAD, SUITE 251 TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name Kathleen Johnson Street Address (P.O. Box Number is Not Acceptable) 8018 NW 100 Way City Tamarac FL Zip Code 33321	
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  DATE Apr 23, 2006 <small>Signatures, types or printed names of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANDERSON, ROBERT T. 7684 NOB HILL ROAD, STE 251 TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANDERSON, Robert T. 435 PENNSYLVANIA, #139 GLEN ELLEN, IL 60137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, KATHLEEN 8018 NW 100 WAY TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LUNDGREN, RICHARD G 740 HORIZONS WEST, #202 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARLOW, JAMES 3251A BAGNELL DAM BLVD, #118 LAKE OZARK, MO 65049	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, and all other like empowered. SIGNATURE:  DATE April 19, 2006 DAYTIME PHONE # 954-720-4366 <small>SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR</small>					

66012046



04092006 Chg-P CR2E034 (11/05)



ATTACHMENT

66012046

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2006

MISSOURI TRADING COMPANY
8018 NW 100 WAY
TAMARAC, FL 33321 US

Subject: **MISSOURI TRADING COMPANY**

Reference Number: **P97000014154**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cd

ANNUAL REPORTS SECTION

*ATTACHED Please find the
required signature.*