2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000093229

Entity Name: AMERICAN TRADING POST PAWN, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 787 NE 5 STREET CRYSTAL RIVER, FL 34429 **Current Mailing Address: New Mailing Address:** 787 NE 5 STREET CRYSTAL RIVER, FL 34429 FEI Number: 59-3474607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVINS, WAYNELLE 787 NE 5 STREET CRYSTAL RIVER, FL 34429 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete Title: (X) Change () Addition LEVINS, WAYNELLE D LEVINS, WAYNELLE D Name: Name: 787 NE 5 STREET 787 NE 5 STREET Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34429 Title: Title: () Delete () Change () Addition Name: LEVINS, WAYNELLE D Name: 787 NE 5 STREET Address: Address: CRYSTAL RIVER, FL 34429 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete Name: BAUGHN, BRANDON T Name: 787 NE 5TH STREET Address Address: City-St-Zip: City-St-Zip: CRYSTAL RIVER, FL 34429 Title: () Delete Title: () Change (X) Addition HARDEN, DORÍNA L Name: Name: Address: Address: 787 NE 5TH STREET City-St-Zip: City-St-Zip: CRYSTAL RIVER, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WAYNELLE D. LEVINS PRES 04/28/2005