## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P97000103914  1. Enlity Name TRADE SHOW XPRESS INC.						04-30-2007	90431 03	35 ***158	8.75	
Principal Place	es of Business	Mailing Address	L		ี 4 บบ อ	U 1 U U				
Principal Place of Business 6992 LISMORE AVENUE		_								
BOYNTON BEACH, FL 33437		6992 LISMORE AVENUE Boynton Beach, FL 33437								
	2,161,116 33 13.	bottiton beach, i'e	JJ 137							
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2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>						
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City & State		City & State		4. FEI Numbe		·	<del>-</del>	oplied For		
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Zip	Country	Zip	Count	ty	5. Certificate	of Status Desired	×	\$8.75 Add		
	6. Name and Address of Curren	t Registered Agent	<u>'</u>		7. Name and	Address of New	Registered /	•		
		<u> </u>		Name						
KAPUSTEIN, WALTER P 6992 LISMORE AVE			-	Street Address (P.O. Box Number is Not Acceptable)						
	N BEACH, FL 33437	. Silide: Au		Oli CC / IDON	C.S. (1 . C . C	ss (r.O. Box Number is Not Acceptable)				
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	tions of registered agent.	or the purpose or changing its	registere	ed bilice or reg	gistered agent, or bot	n, in the state of F	iorida. Tam	ramiliar with,	ала ассерт	
SIGNATURE.	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE	E; Registered	1 Agent signature re	equirect when reinstating)		DATE			
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FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campai			\$5.00 May Be Added to Fees		5,112			
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I nereby 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 libit 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 with all other like empowered.

SIGNATURE: Way 16 WAGEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-23-07 - WALTER PILAPUSTEIN 561-369-8339 Daytime Phone 4