


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90360 015 \*\*\*150.00

**DOCUMENT # P98000050013**

1. Entity Name  
 TRADING INVESTORS, INC.



Principal Place of Business  
 5366 SANDHURST CIRCLE N  
 LAKE WORTH, FL 33463 US

Mailing Address  
 5366 SANDHURST CIRCLE N  
 LAKE WORTH, FL 33463 US

2. Principal Place of Business  
 4606 NW 78th Ave  
 Suite, Apt. #, etc.

3. Mailing Address  
 4606 NW 78th Ave  
 Suite, Apt. #, etc.

City & State  
 Ocala FL

City & State  
 Ocala FL

Zip  
 34482

Country  
 USA

Zip  
 34482

Country  
 USA



04282006 Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0840700

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MORALES, LUIS C  
 5366 SANDHURST CIRCLE N  
 LAKE WORTH, FL 33463

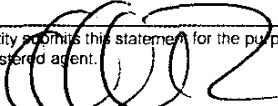
7. Name and Address of New Registered Agent

Name  
 MORALES, LUIS C.

Street Address (P.O. Box Number is Not Acceptable)  
 4606 NW 78th Ave

City  
 Ocala FL Zip Code  
 34482

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 4-28-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$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	PTD MORALES, LUIS C 5366 SANDHURST CIRCLE N LAKE WORTH, FL 334635810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4606 NW 78th Ave Ocala FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOHORQUEZ, SONIA A 5366 SANDHURST CIRCLE N LAKE WORTH, FL 334635810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4606 NW 78th Ave Ocala FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANABRIA, GLADYS 5961 WHISPERING PINE WAY #02 GREENACRES, FL 334633190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2950 Ashley Dr E #C West Palm Beach FL 33415
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
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 of justice 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:  LUIS C. MORALES DATE 04-28-06 (561)4269215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #