


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P98000076907</b><br>1. Entity Name<br>LOAN TRADE, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>370 WEST CAMINO GARDENS BOULEVARD<br>SUITE 300<br>BOCA RATON, FL 33432 | Mailing Address<br>370 WEST CAMINO GARDENS BOULEVARD<br>SUITE 300<br>BOCA RATON, FL 33432 |
|---|---|



04052004 No Chg-P CR2E034 (10/03)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0861127 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent  
  
KIRKPATRICK, TIMOTHY  
370 W. CAMINO GARDENS BLVD.  
STE 300  
BOCA RATON, FL 33432

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

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | U00000106851<br>04/08/04-80033-011 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>KIRKPATRICK, TIMOTHY<br>370 WEST CAMINO GARDENS BOULEVARD<br>BOCA RATON, FL 33432 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>NORRIS, KIM<br>370 WEST CAMINO GARDENS BOULEVARD<br>BOCA RATON, FL 33432          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

**SIGNATURE:** Kim Norris **Kim Norris** 4/5/04 561-417-0590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #