2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2007 08:00 AM DOCUMENT # P99000000568 **Secretary of State** RECTOR MINERAL TRADING CORP. Principal Place of Business Mailing Address 9030 LAKES BLVD WEST PALM BEACH FL 33412 9030 LAKES BLVD WEST PALM BEACH FL 33412 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 65-0926509 Not Applicable Zıp Country Country Zip \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATHISON, STEPHEN S ESQ 5606 PGA BLVD STE 211 Stroot Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 Zip Code 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIIŒ ☐ Detete HILE ☐ Change STERN, HAROLD P NAME NAME U00000612130 02/02/07-80094-011 150.00 5606 PGA BLVD STE 211 STREET ADDRESS. STREET ADDRESS CITY - ST - ZIP PALM BEACH GARDENS FL 33418 CITY-SI-ZIF THE Delete IIILE ☐ Change Addition STERN, ANNETTE NAME NAME 5606 PGA BLVD STE 211 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE □ Addition STERN, HAROLD P . NAME NAME 5606 PGA BLVD STE 211 SUBJECT ADDRESS STREET ADDRESS CITY - ST- ZIP PALM BEACH GARDENS FL 33418 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

THE

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Delete

HAROND P. STERN 1/29/07

Daytime Phone #

☐ Change

☐ Addition