2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P99000009404

Entity Name: TRACE-WILCO, INC.

Current Principal Place of Business:

PO BOX 12178
FORT PIERCE, FL 349792178

New Principal Place of Business:

2601 SE SOLANA LANE
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

PO BOX 12178
FORT PIERCE, FL 349792178 US

New Mailing Address:

2601 SE SOLANA LANE
PORT SAINT LUCIE, FL 34952 US

FEI Number: 65-0915232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, ELLIOT D
2601 SE SOLANA LANE
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: COHEN, ELLIOT D
Address: 2601 SE SOLANA LANE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete
Name: COHEN, GALE S
Address: 2601 SE SOLANA LANE
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: COHEN, ELLIOT D
Address: 2601 SE SOLANA LANE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DR (X) Change ( ) Addition
Name: COHEN, GALE S
Address: 2601 SE SOLANA LANE
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELLIOT D. COHEN DR. 04/24/2009

Electronic Signature of Signing Officer or Director — Date