2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2006 8:00 am Secretary of State DOCUMENT # P9900067102 1. Entity Name 03-15-2006 90116 011 ***150 00 STERLING COMMODITIES TRADING, INC. Principal Place of Business Mailing Address 286 107 AVE 138 107TH AVE. TREASURE ISLAND FL 33706 STE. 335 SAINT PETERSBURG FL 33706 2. Principal Place of Business 3. Mailing Address 6827 First Avenue South Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3589216 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIEFNER, JOHN R JR. Street Address (P.O. Box Number is Not Acceptable) 146 2ND ST N **STE 300** ST. PETERSBURG FL 33701 City Zio 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Defete HILE **P\$T** TITLE Change Addition 138 107 Am Suite 375 NAME NAME TOWNE, III, ALYN STREET ADDRESS STREET ADDRESS 286 107 AVE Trasure Island FL 37706 138 107th Ave Suit 335 CITY-ST-ZIP TREASURE ISLAND FL 33706 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME GREGG, DAVID STREET ADDRESS STREET ADDRESS 286 107 AVE Treasure Island FL 33706 CITY - ST - 7iP TREASURE ISLAND FL 33706 CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED