


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90083 014 \*\*\*150.00

<b>DOCUMENT # S11218</b>		
1. Entity Name TODAY'S TRADE PUBLICATIONS, INC.		

Principal Place of Business 130 W PINE AVENUE LONGWOOD, FL 32750 US	Mailing Address P O BOX 1247 LONGWOOD, FL 32752-1241 US
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**50002213**



2. Principal Place of Business <b>834 E 12TH AVE</b>	3. Mailing Address <b>P.O. Box 859</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03072006 Chg-P CR2E034 (11/05)

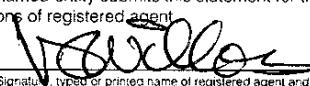
City & State <b>New Smyrna Beach FL</b>	City & State <b>New Smyrna Beach FL</b>
Zip <b>32169</b>	Zip <b>32170</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>76-0321780</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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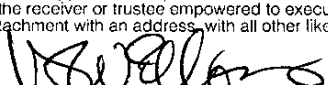
6. Name and Address of Current Registered Agent  WILLOCKS, NICHOLAS 680 DEVONSHIRE BLVD LONGWOOD, FL 32750	
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7. Name and Address of New Registered Agent Name <b>WILLOCKS, NICHOLAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>834 EAST 12TH AVENUE</b> <b>New Smyrna Beach FL</b> City <b>FL</b> Zip Code <b>32169</b>	
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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 <b>3/08/2006</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLOCKS, NICHOLAS 834 EAST 12TH AVE NEW SMYRNA BEACH, FL 32169 <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	V WILLOCKS, MARYANN 834 EAST 12TH AVE NEW SMYRNA BEACH, FL 32169 <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
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 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: 	DATE <b>3/08/2006</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	