

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00502

FILED  
Apr 02, 2004  
Secretary of State

Entity Name: TRADING POST HOLDINGS, INC.

## Current Principal Place of Business:

5770 W IRLO BRONSON MEMORIAL HWY  
SUITE 219  
KISSIMMEE, FL 347464722

## New Principal Place of Business:

## Current Mailing Address:

5770 W IRLO BRONSON MEMORIAL HWY  
SUITE 219  
KISSIMMEE, FL 347464722

## New Mailing Address:

FEI Number: 59-3097487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANSARI, WAJAHAT  
3235 HAWKS NEST DRIVE  
KISSIMMEE, FL US

## Name and Address of New Registered Agent:

ANSARI, WAJAHAT  
3235 HAWKS NEST DRIVE  
KISSIMMEE, FL 34741 US

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: WAJAHAT ANSARI

04/02/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WAJAHAT, ANSARI  
Address: 3235 HAWKS NEST DRIVE  
City-St-Zip: KISSIMMEE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WAJAHAT, ANSARI  
Address: 3235 HAWKS NEST DRIVE  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WAJAHAT ANSARI

PD

04/02/2004

Electronic Signature of Signing Officer or Director

Date