2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 31, 2006 08:00 AM DOCUMENT # V06555 **Secretary of State** 1. Entity Name MATERIALS TRADING COMPANY, INC. Principal Place of Business Mailing Address 1526 EDGEWATER BEACH DRIVE LAKELAND FL 33805 1804 W LAKE PARKER DRIVE LAKELAND FL 33805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-3101435 Not Applicat Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURPHY, RONALD T. 4740 CLÉVELAND HEIGHTS BLVD. Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL City 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE DATE Signature, typed or printed frame of registered agent and life if applicable. (NOTE Registered Agent eignature required when rowstalling) FILE NOW!!! FEE IS \$150.00 \$5.00 May E 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change HILE Delete $nn \neq$ U00000411177 02/09/06-80066-013 150.00 NAME HARTUP, BRUCE ALAN NAME STREET ADDRESS STREET ADDRESS 1256 EDGEWATER BEACH DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change And And ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIF ☐ A: □ Change Deicte THILE 33147 MAKE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRTY-ST-ZIP ☐ Aú€ ☐ Change ☐ Defete THLE TITLE ΝΑΜΣ STREET ADDRESS STREET ADDRESS City-ST-7iP CITY-SY-ZIF ☐ Change □ total Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AGORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ A... TITLE ☐ Celete THLE NAME MAN STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P 12. I hereby certify that the information supplied with this filling 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

FILED

1/24/06

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