

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89542

FILED
Jan 22, 2005
Secretary of State

Entity Name: AAA TRADECENTER, INC.

Current Principal Place of Business:

42160 US HIGHWAY 19 NORTH
#31
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

5117 CR 316 A
BUSHNELL, FL 33513 US

Current Mailing Address:

5117 CR 316 A
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: 59-2840335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, LINDA A.
5117 CR 316 A
BUSHNELL, FL 33513 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: PSV () Delete
Name: ELLIOTT, LINDA A.,
Address: 5117 CR 316 A
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: SCHEID, NORMAN W.,
Address: 3024 ARBOR OAKS DRIVE
City-St-Zip: TARPON SPRINGS, FL

Title: D () Delete
Name: SCHEID, VIOLA M.,
Address: 3024 ARBOR OAKS DRIVE
City-St-Zip: TARPON SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHEID, NORMAN W.,
Address: 5107 CR 316 A
City-St-Zip: BUSHNELL, FL 33513 US

Title: D (X) Change () Addition
Name: SCHEID, VIOLA M.,
Address: 5107 CR 316 A
City-St-Zip: BUSHNELL, FL 33513 US

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: LINDA A. ELLIOTT

PSV

01/22/2005

Electronic Signature of Signing Officer or Director

_____ Date