


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004823
 1. Entity Name
NEWMARKET TRADING, INC.



Principal Place of Business: **310 N. WESTLAKE BLVD STE. 250 WESTLAKE VILLAGE, CA 91362**
 Mailing Address: **PO BOX 14538 LONG BEACH, CA 90853**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number **95-4745281** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
EMANUEL, BILL
3006 20TH STREET
VERO BEACH, FL 32960

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CP WAKANA, TAKAHIKO 23104 LOS CODONA AVE TORRANCE, CA 90505 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VCVP BETTENCOURT, STEPHEN 2148 W ALLUVIAL FRESNO, CA 93711 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RIE, ROBERT JR 1171 E LAQUINTA FRESNO, CA 93720 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S MEYERS, BARRY 10747 BOBCAT LANE ARROYO GRANDE, CA 93420 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T TORIUMI, TAKAHISHI 756 CEDAR POINT PLACE THOUSAND OAKS, CA 93162 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

1100000187910
 01/24/05-80033-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **1-14-05** **559-432-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #