


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000007015
1. Entity Name
TOP-TIM TRADE, INVESTMENT, MARKETING & CONSULTING, INC.



Principal Place of Business Mailing Address
18607 FOREST CT. % PETER RASLA & ASSOCIATES, P.L.C.
HOUSTON, TX 77084 19200 VON KARMAN AVE., SUITE 500
IRVINE, CA 92612

DO NOT WRITE IN THIS SPACE



08042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
76-0623700 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OTTINGER, DAVID
4522 DECLARATION DRIVE
KISSIMMEE, FL 34741

**DO NOT WRITE
IN THIS SPACE**

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 relating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	RUHIG, ROMAN MR.
STREET ADDRESS	18507 FOREST CT.
CITY-ST-ZIP	HOUSTON, TX 77084
TITLE	P
NAME	OTTINGER, OTTO MR.
STREET ADDRESS	18507 FOREST CT.
CITY-ST-ZIP	HOUSTON, TX 77084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/15/05-80007-022 558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  08-11-2005 407-931-0987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #