


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

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



Principal Place of Business
**18607 FOREST CT.
HOUSTON, TX 77084**

Mailing Address
**% PETER RASLA & ASSOCIATES, P.L.C.
19200 VON KARMAN AVE., SUITE 500
IRVINE, CA 92612**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
76-0623700

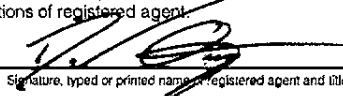
Applied For
 Not Applicable

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**

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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:  **01/19/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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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02/03/06-80036-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  **01/17/2006 281-647-6404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #