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Secretary of State
04-29-2004 90223 042 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

94071262

DOCUMENT # P00000113859

1. Entity Name
TTD-TRADE TECHNOLOGIES AND DEVEOPMENT, INC.

Principal Place of Business	Mailing Address
2025 WEST FIRST STREET A FT MYERS, FL 33901	2025 WEST FIRST STREET A FT MYERS, FL 33901

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2030 WEST FIRST STREET	
Suite, Apt. #, etc. "A"	Suite, Apt. #, etc.
City & State Fort MYERS, FL.	City & State
Zip 33901	Zip
Country LEE	Country

4. FEI Number
65-1004012
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIBEIRO, VILMAR 2025 WEST FIRST STREET A FT MYERS, FL 33901	Name: Vilmar Ribeiro Street Address (P.O. Box Number is Not Acceptable): 2030 West First Street Suite A" City: fort Myers FL Zip Code: 33901

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RIBEIRO, VILMAR 350 VAN BUREN STREET FT MYERS, FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD RIBEIRO, DONNA 350 VAN BUREN ST FT MYERS, FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ITM MACIEL, EGBERTO E 320 CHATTANOOGA DR FT MYERS, FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Vilmar Ribeiro 4/27/04 954-770-5879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #