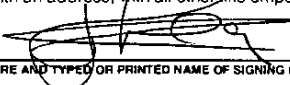


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90045 046 ***155.00

DOCUMENT # P02000033135 1. Entity Name AFRICAN DAWN TRADING COMPANY, INC.					
Principal Place of Business 172 FREEPORT DR JUPITER, FL 33458			Mailing Address 172 FREEPORT DR JUPITER, FL 33458		
2. Principal Place of Business 4187 MAIN STREET Suite, Apt. #, etc.		3. Mailing Address 4187 MAIN STREET Suite, Apt. #, etc.			
City & State JUPITER, FL		City & State JUPITER, FL		4. FEI Number 04-3648633	
Zip 33458		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'SHEA, HUGH E 172 FREEPORT DR JUPITER, FL 33458			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete O'SHEA, HUGH E 172 FREEPORT DR JUPITER, FL 33458		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	
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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: 			HUGH E O'SHEA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 7-13-2005		Daytime Phone # 561-310-6787

ATTACHMENT
02000033135-
50055705-

July 13, 2005

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

We apologize for the delay in sending payment. We moved offices in May and the postcard was misplaced. Please accept our apologies and sorry for the inconvenience.

Kind regards

A handwritten signature in cursive script, appearing to read "Bonney O'Shea".

Bonney O'Shea