2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V40597

FILED Jan 23, 2009 Secretary of State

Entity Name: HALF MOON BAY TRADING COMPANY

urrent P	rincipal Plac	e of Bus	siness:	New Principal Place	e of Business:
	ORT ROAD BEACH, FL	32233	US		
urrent N	lailing Addre	ess:		New Mailing Addre	ss:
O. BOX	330718 BEACH, FL	32233	US		
El Number	: 59-3128304	FEI N	umber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of	Current	Registered Agent:	Name and Address	of New Registered Agent:
	LAURA ST	=IIER, M	CCORMIC PA		
he above				purpose of changing its register	ed office or registered agent, or both,
he above	named entity e of Florida.			purpose of changing its register	ed office or registered agent, or both,
he above the State	named entity e of Florida. RE:	submits			ed office or registered agent, or both, Date
he above the State	named entity e of Florida. RE:Electro	submits	this statement for the p		
he above the State GNATUI	named entity e of Florida. RE:Electro	v submits onic Sign ng Trust F	this statement for the particle statement for th	ent	
he above the State GNATUI	e named entity e of Florida. RE: Electro mpaign Financi S AND DIRE	onic Sign ong Trust F CTORS:) Delete ROBIN, AVE	this statement for the particle of Registered Agrund Contribution ().	ent	Date
he above the State IGNATUI Iection Car IFFICER: tte: ame: ddress:	e named entity e of Florida. RE: Electro Electro S AND DIREO P (SHEPHARD, I 2077 BEACH ATLANTIC BE	onic Sign ng Trust F CTORS:) Delete ROBIN, AVE ACH, FL 3) Delete OMAS F.,	this statement for the pattern of Registered Agrund Contribution ().	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. NUIJENS V 01/23/2009