2006 FOR PROFIT CORPORATION

ANNUAL REPORT



05-01-2006 90447 004 ***150.00 **DOCUMENT #358060** TRANS PACIFIC TRADING CO INC **P1116000** Principal Place of Business Mailing Address P.O. BOX 3351 700 A1A HWY BOX 3351 JUPITER, FL 33469 JUPITER, FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-1304115 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RATHKE, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 700 A1A HIGHWAY-JUPITER, FL 33477 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. 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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Defete TITLE ☐ Change ☐ Addition RATHKE, RICHARD C NAME NAME 700 A1A HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Carola Rathke NAME RICHARDS, CAROLA NAME 1127 Seminole E STREET ADDRESS 1127 SEMINOLE E. STREET ADDRESS JUPITER, FL CITY-ST-7IP CITY-ST-ZIP Supiter, FL TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME CRISTINA, BISHOP STREET ADDRESS 9142 EAST RIDGE RD STREET ADDRESS CITY-ST-ZIP **GOLDEN, CO 80403** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.C. KATHKE

FILED

May 01, 2006 8:00 am Secretary of State