

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90204 001 ***300.00

66014366



1st MOORE CR2E034 (10/04)

| | | | |
|---|---------|---|---------|
| DOCUMENT # F00000003982 | |  | |
| 1. Entity Name TRANS-PACIFIC TRADING CO., LTD. | | | |
| Principal Place of Business 5752 12TH AVENUE N.W. NAPLES FL 34119 | | Mailing Address 5752 12TH AVENUE N.W. NAPLES FL 34119 | |
| 2. Principal Place of Business 5752 BUR OAKS LN | | 3. Mailing Address 5752 BUR OAKS LN | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State SAME AS ABOVE | | City & State SAME | |
| Zip SAME | Country | Zip | Country |

| | |
|--|--|
| 4. FEI Number 36-4275489 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent FUITH, TOM 5752 12TH AVENUE, N.W. NAPLES FL 34119 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5752 BUR OAKS LN 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)

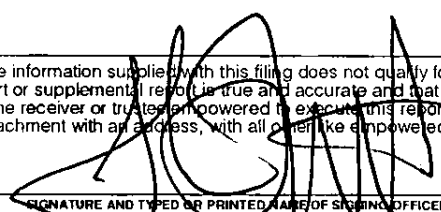
DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 | DP FUITH, THOMAS 5752 12TH AVE, N.W. NAPLES FL 34119 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 507, 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:  DATE: 4-26-05 DAYTIME PHONE: 2626