


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000004823


1. Entity Name
NEWMARKET TRADING, INC.



Principal Place of Business
310 N. WESTLAKE BLVD STE. 250
WESTLAKE VILLAGE, CA 91362

Mailing Address
PO BOX 14538
LONG BEACH, CA 90853

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
95-4745281

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

6. Name and Address of Current Registered Agent

EMANUEL, BILL
3006 20TH STREET
VERO BEACH, FL 32960

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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, 2008 Fee will be \$550.00

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

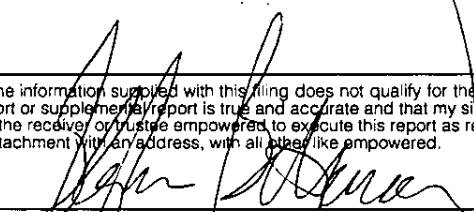
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WAKANA, TAKAHIKO 23104 LOS CODONA AVE TORRANCE, CA 90505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP BETTENCOURT, STEPHEN 2148 W ALLUVIAL FRESNO, CA 93711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIFE, ROBERT JR 1171 E LAQUINTA FRESNO, CA 93720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYERS, BARRY 10747 BOBCAT LANE ARROYO GRANDE, CA 93420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORIUMI, TAKAHISHI 756 CEDAR POINT PLACE THOUSAND OAKS, CA 93162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000775058
 01/08/08-80013-025 150.00

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12. I hereby 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 supplement(s) 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:  **1-4-08** **559-432-3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Stephen Bettencourt VP** Date Daytime Phone #