

2006 FOR PROFIT CORPORATION ANNUAL REPORT



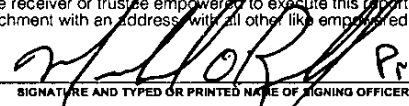
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02232006 Chg-P CR2E034 (11/05)

DOCUMENT # F04000002312					
1. Entity Name TRADE-WINDS ENVIRONMENTAL RESTORATION, INC.					
Principal Place of Business 100 SWEENEYDALE AVE. BAY SHORE, NY 11706			Mailing Address 100 SWEENEYDALE AVE. BAY SHORE, NY 11706		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-3193197	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VARELA, ROBERT D 5485 NW 22ND AVE. FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name CFRA, LLC Street Address (P.O. Box Number is Not Acceptable) CORPORATE CENTER THREE AT INTERNATIONAL PLAZA 4221 WEST BOY SCOUT WAY City TAMPA FL Zip Code 33607	
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 				DATE 2-24-06	
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 Trust Fund Contribution. <input type="checkbox"/>		\$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	PS O'REILLY, MICHAEL 100 SWEENEYDALE AVE. BAY SHORE, NY 11706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500067327595 03/07/06--01060--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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 changed, or on an attachment with an address with all other like employees.					
SIGNATURE: 		Pre/CEO.		2/23/06 631-435-8900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

K. Eckel FEB 24 2006