2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005
Secretary of State

DOCUMENT# F93000002182

Entity Name: THAMES TRADING INC.

Current Principal Place of Business:

509 SOUTH PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

509 SOUTH PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-2946093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHAW, MICHAEL J
ENGLISH LANDING MARINA
509 SOUTH PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	RAPHAEL, GEORGE	
Address:	GUNNS CAMP	
City-St-Zip:	B/BAG 33, MAUN, BOTSWANA,	
Title:	VD	( ) Delete
Name:	HORNER, SARAH	
Address:	GUNNS CAMP	
City-St-Zip:	B/BAG 33, MAUN, BOTSWANA,	
Title:	SD	( ) Delete
Name:	MACKENZIE, JENNA	
Address:	GUNNS CAMP	
City-St-Zip:	B/BAG 33, MAUN, BOTSWANA,	
Title:	T	( ) Delete
Name:	SHAW, MICHAEL J.,	
Address:	509 S PONCE DE LEON BLVD	
City-St-Zip:	ST AUGUSTINE, FL 32084	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	FD	( ) Change (X) Addition
Name:	STERLING, JAMES H FINANCI	
Address:	509 S PONCE DE LEON BLVD	
City-St-Zip:	ST AUGUSTINE, FL 32084	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES H STERLING III FD 02/04/2005

Electronic Signature of Signing Officer or Director — Date