2006 FOR PROFIT CORPORATION

May 08, 2006 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # J16425** 1. Entity Name MON PLAISIR TRADING CO., INC. Principal Place of Business Mailing Address 172 N INDUSTRIAL DR 172 N INDUSTRIAL DR ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 US 05042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2681868 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEMILDT, JOHANNES CRK DO NOT WRITE 172 N INDUSTRIAL DR **ORANGE CITY, FL 32763** IN THIS SPACE 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 little if applicable. (NOTE; Registered Agent aignsture required when reinstating) DATE 11-2 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution, Added to Fees corporation did not receive the prior notice. 1D, _ OFFICERS AND DIRECTORS ITITLE'-**DEMILDT, JOHANNES** NAME STREET ADDRESS 172 N INDUSTRIAL DR U00000563469 CITY-ST-ZIP ORANGE CITY, FL 32763 05/20/06-80012-016 150:00 TITLE DEMILDT, JANICE NAME STREET ADDRESS 172 N INDUSTRIAL DR CITY-ST-ZIP ORANGE CITY, FL 32763 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP unie NAME STREET ADDRESS

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 expressive 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 aediess with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED