2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# L00000001541

Entity Name: MARITIME TRADING, LLC

Current Principal Place of Business:

819 N. INDIAN RIVER DRIVE
COCOA, FL 329227530

New Principal Place of Business:

1214 DUKE WAY
COCOA, FL 32922

Current Mailing Address:

819 N. INDIAN RIVER DRIVE
COCOA, FL 329227530

New Mailing Address:

1214 DUKE WAY
COCOA, FL 32922

FEI Number: 59-3638598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, JOSEPH JAMES T
1214 DUKE WAY
COCOA, FL 32922 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: JONES, ROSEMARY S
Address: 819 N INDIAN RIVER DRIVE
City-St-Zip: COCOA, FL 329227530

Title: MGRM ( ) Delete
Name: JONES, LAWRENCE S
Address: 819 N INDIAN RIVER DRIVE
City-St-Zip: COCOA, FL 329227530

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JONES, ROSEMARY S
Address: PMB# 2422, 779 E. MERRITT ISLAND CSWY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM (X) Change ( ) Addition
Name: JONES, LAWRENCE S
Address: PMB# 2422, 779 E. MERRITT ISLAND CSWY
City-St-Zip: MERRITT ISLAND, FL 32952

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROSEMARY S. JONES PRES 01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date