2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014989

Entity Name: TRADEWINDS SPECIALTY GIFT SHOP LLC

FILED Feb 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1802 N UNIVERSITY DR. SUITE 151 NOB HILL ROAD

SUITE 102-337 SUITE 222

PLANTATION, FL 33322 PLANTATION, FL 33324 US

Current Mailing Address: New Mailing Address:

1802 N UNIVERSITY DR. 151 NOB HILL ROAD

SUITE 222 SUITE 102-337

PLANTATION, FL 33324 PLANTATION, FL 33322 US US

FEI Number: 65-1145159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHEW-A-TJON, IVAN SHEW, IVAN MGR 1802 N. UNIVERSITY DR 1802 N. UNIVERSITY DR SUITE 102-337 SUITE 102-337

PLANTATION, FL 33322 US PLANTATION, FL 33322 US

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: IVAN SHEW 02/20/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: (X) Change () Addition SHEW-A-TJON, IVAN ONNERENE-GERSON ENTE, RPRISES Name: Name:

Address: 1802 N UNIVERSITY DR. SUITE 102-337 Address: 151 NOB HILL ROAD #222

City-St-Zip: PLANTATION, FL 33322 US City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: IVAN SHEW 02/20/2006