


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000004494**

1. Entity Name  
**T & D TRADING, INC.**



Principal Place of Business  
**1255 SORRENTO WOODS BLVD.  
 NOKOMIS, FL 34275**

Mailing Address  
**1255 SORRENTO WOODS BLVD.  
 NOKOMIS, FL 34275**



07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3775573**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REESE, DARCY  
 1255 SORRENTO WOODS BLVD.  
 NOKOMIS, FL 34275**

**DO NOT WRITE 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: *Darcy Reese* (NOTE: Registered Agent signature required when reinstating)

DATE: 7/10/04

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	REESE, DARCY
STREET ADDRESS	1255 SORRENTO WOODS BLVD.
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	REESE, DARCY
STREET ADDRESS	1255 SORRENTO WOODS BLVD.
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered.

SIGNATURE: *Darcy Reese* Darcy Reese

DATE: 7/10/04 DAYTIME PHONE #: 941-223-9901