2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 13, 2005 08:00 AM **Secretary of State** DOCUMENT # P02000093786 1. Entity Name D & R TRADING AND SHIPPING, INC. Principal Place of Business Mailing Address 280 SW 99 TERRACE 280 SW 99 TERRACE PEMBROKE PINES, FL 33025 PEMBROKE PINES, FL 33025 CR2E034 (10/03) 01102005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3871329 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIERCE, DAWN M MRS. DO NOT WRITE 280 SW 99 TERRACE PEMBROKE PINES, FL 33025 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PIERCE, DAWN M NAME STREET ADDRESS 280 SW 99 TERR CITY-ST-ZIP PEMBROKE PINES, FL 33025 TITLE U00000179819 01/13/05-80034-024 150.00 PIERCE, RORY NAME 280 SW 99 TERR STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33025 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reference 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/05 954-432-323=

FILED