

Apr. 26. 2007 1:02PM JAMES ACCOUNTING

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90001 028 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            |                                                                                                                 |                                                                   |
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| <b>DOCUMENT # P02000120828</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                |                                                                   |
| 1. Entity Name<br><b>SOUTH SEAS TRADING COMPANY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                                                                 |                                                                   |
| Principal Place of Business<br><b>12100 SW 117 CT., UNIT #100<br/>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            | Mailing Address<br><b>12100 SW 117 CT., UNIT #100<br/>MIAMI, FL 33186</b>                                       |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><b>13114 S. Dixie Hwy.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            | 3. Mailing Address<br><b>13114 S. Dixie Hwy.</b>                                                                |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | Suite, Apt. #, etc.                                                                                             |                                                                   |
| City & State<br><b>Miami, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            | City & State<br><b>Miami, FL</b>                                                                                |                                                                   |
| Zip<br><b>33156</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | Zip<br><b>33156</b>                                                                                             |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            | Country                                                                                                         |                                                                   |
| 4. FEI Number<br><b>37-1448399</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                          |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            | \$8.75 Additional Fee Required                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>WONG, GARY<br/>11461 SW 99TH TERR.<br/>MIAMI, FL 33176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            | 7. Name and Address of New Registered Agent<br><b>Gary Brown<br/>89301 Old Hwy<br/>TAVENIER, FL 33070</b>       |                                                                   |
| 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:  (NOTE: Registered Agent signature required when registering) DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                                                 |                                                                   |
| FILE NOW!!! FEE IS \$160.00<br>After May 1, 2007 Fee will be \$650.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>BROWN, GARY<br>89301 OLD HWY<br>TAVENIER, FL 33070 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CEO<br>BROWN, DONNA<br>89301 OLD HWY<br>TAVENIER, FL 33070 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ST<br>BROWN, DONNA<br>89301 OLD HWY<br>TAVENIER, FL 33070 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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:  <br>SIGNATURE AND TYPE OF POSITIONED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                            |                                                                                                                 |                                                                   |