2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 23, 2006 08:00 AM Secretary of State DOCUMENT # P04000093775 1. Entity Name TRENTON TRADING COMPANY Principal Place of Business Mailing Address 1942 SW 15TH WAY BELL FL 32619 1942 SW 15TH WAY BELL FL 32619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 55-0872989 Not Applicat! Zĵo Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROWE, JOHN R Street Address (P.O. Box Number is Not Acceptable) 1942 SW 15TH WAY **BELL FL 32619** City Zìo Code 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. Lam familiar with, and except the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MILE Defete TOTE □ Change ☐ Addition NAME ROWE, JOHN R NAME STREET ADDRESS 1942 SW 15TH WAY STREET ADDRESS CITY-ST-ZIP BELL FL 32619 CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE U00000476036 04/07/06-80014-025 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY - ST - ZIP THILE Detete ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CSSY-ST-ZSP fffle Deteite. ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip ☐ Defete 3.57) TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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.

FILED

3-28-06