



2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P11105 1. Entity Name SWIRE PACIFIC HOLDINGS INC.						FILED 07 SEP 28 AM 9:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12634 S 265TH W DRAPER, UT 84020 US				Mailing Address 501 BRICKELL KEY DRIVE., STE 600 MIAMI, FL 33131 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 87-0424812				Applied For <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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	CP PRATT, C.D. 351F TWO PASIFIC PLACE 88 QUEENSWAY, HONG KONG, <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kerr, Keith G. 33F, One Pacific Place 88 Queensway, Hong Kong <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PELO, J E 12634 SOUTH 265 WEST DRAPER, UT 84020 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOSAR J. R. 33 F, One Pacific Place 88 Queensway, Hong Kong <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BÜCKLEY, CHRISTINE 12634 S 265 W DRAPER, UT 84020 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARDS, J. S. 33 F, One Pacific Place 88 Queensway, Hong Kong <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OWENS, S.L. 501 BRICKELL KEY DRIVE, STE 600 MIAMI, FL 33131 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV KELLY, J. M. 501 BRICKELL KEY DRIVE, Suite 600 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TOLAND, G E 501 BRICKELL KEY DRIVE STE 600 MIAMI, FL 33131 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FU, DAVID 33F, One Pacific Place 88 Queensway, Hong Kong <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUNDLE, GEOFFREY L 351F TWO PACIFIC PLACE 88 QUEENWAY, HONG KONG, <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KHAO, RUTH 35F, TWO PACIFIC PLACE 88 Queensway, Hong Kong <input type="checkbox"/> Change <input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				09/25/07. 305-371-3877 <small>Date Daytime Phone #</small>			