## 2005 FOR PROFIT CORPORATION \_\_ANNUAL REPORT

## FILED Mar 17, 2005 08:00 AM Secretary of State

DOCUMENT # P94000086588  1. Entity Name     TORPEDO, INC.  Principal Place of Business				03112005 4. FEI Numbe 59-328	
6. Name and Address of Current Registered Agent CHO-CHUNG-HING, ALFRED 1334 SPALDING ROAD #A DUNEDIN, FL 34698			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 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  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
10.	OFFICERS AND DIRE	CTORS	1		
NAME STREET ADDRESS CITY-ST-ZIP	P CHO-CHUNG-HING, ALFRED 1334 SPALDING ROAD #A DUNEDIN, FL 34698	·			U00000266902 03/17/05-80050-008 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	V PORTER, PAUL 7277 COUNTY RD 94 LAFAYETTE, AL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR Date Distance Phone #					