

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003158

FILED
Jan 06, 2006
Secretary of State

Entity Name: NOR 'EASTERN TRAWL SYSTEMS, INC.

Current Principal Place of Business:

7910 N.E. DAY ROAD WEST
BAINBRIDGE ISLAND, WA 98110

New Principal Place of Business:

Current Mailing Address:

7910 N.E. DAY ROAD WEST
BAINBRIDGE ISLAND, WA 98110

New Mailing Address:

FEI Number: 91-1682418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ISHII, TOMOMI
Address: 7910 N.E. DAY ROAD WEST
City-St-Zip: BAINBRIDGE ISLAND, WA 98110

Title: D () Delete
Name: OLIVER, DANIEL
Address: 7910 N.E. DAY ROAD WEST
City-St-Zip: BAINBRIDGE ISLAND, WA 98110

Title: DST () Delete
Name: TAKESHITA, MITSUO
Address: 7910 N.E. DAY ROAD WEST
City-St-Zip: BAINBRIDGE ISLAND, WA 98110

Title: D () Delete
Name: YAMAMOTO, TOSHIO
Address: 7910 N.E. DAY ROAD WEST
City-St-Zip: BAINBRIDGE ISLAND, WA 98110

Title: D () Delete
Name: BRAY, RICHARD
Address: 7910 N.E. DAY ROAD WEST
City-St-Zip: BAINBRIDGE ISLAND, WA 98110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA CARRION-OCHOA

CONT

01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date