2007 FOR PROFIT CORPORATION

FILED AM;

813.225.1818

Daytime Phone #

107

| ANNUAL REPORT | | | Jan 26, 2007 08:00 Secretary of Stat | |
|---|--|---|--|--|
| DOCUMENT # 643584 | | | | |
| 1. Entity Nar | me | | January of State | |
| ROBERT | TA. TROPP, P.A. | | | |
| | | 100 H 1155 | | |
| Principal Pla | ce of Business Mailing Address | , | | |
| | NNEDY BLVD 1881 W. KENNEDY BLVD | • | (*). · » ; | |
| I IAMPA, FL | 33606-1643 TAMPA, FL 33606-1643 | •• | | |
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| | | | 01102007 No Chg-P CR2E034 (11/05) | |
| · r | OO NOT WRITE IN THIS SPA | CF | | |
| ••• | | | 4. FEt Number Applied For S9-1944221 Not Applicable | |
| | | . # | 5. Certificate of Status Desired \$8.75 Additional | |
| <u> </u> | S. Name and Address of Courant Pagistered Agent | | Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | |
| TROPP, ROBERT A | | | DO NOT WRITE | |
| 1881 W. KENNEDY TROPP TAMPA, FL 33606-1643 | | | • | |
| .,,,,, | | Gara Carre | IN THIS SPACE | |
| | | | | |
| | e named entity submits this statement for the purpose of changing its registe | red office or register | red agent, or both, in the State of Florida. I am familiar with, and accept | |
| the obliga | itions of registered agent. | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register | | I when reinstating) DATE | |
| | Signature, typed or printed name of registered agent and title it abbricable. (NOTE: negliste | red Agent signature required | when remarking) . DATE | |
| FIL After M | LE NOW!!! FEE IS \$150.00 9. Election Campaign Find Lay 1, 2007 Fee will be \$550.00 Trust Fund Contribution | ancing \$5. I. \(\square\) Add | .00 May Be U00000605335 01/30/07-80032-002 150.00 | |
| 10. | OFFICERS AND DIRECTORS | 1 | | |
| TITLE NAME | PD TROPP, ROBERT A | | | |
| STREET ADDRESS | 1881 W. KENNEDY BLVD | | | |
| CITY-ST-ZIP | TAMPA, FL 336061643 | Something the | The state of the s | |
| TITLE | | | | |
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| STREET ADDRESS City-St-Zip | | • | | |
| TITLE | | - | , | |
| NAME | | Frank Sill | The state of the s | |
| STREET ADDRESS CITY - ST - ZIP | | | | |
| TITLE | | - , | | |
| NAME | | | | |
| STREET ADDRESS | ^) | | The many the second of the sec | |
| CITY-ST-ZIP | 1 | | | |
| 12. I hereby indicated | certify that the information supplied with this filing does not qualify for the ear on this report or supplemental report is true and accurate and that my sign reportation or the receiver or trustee employered to execute this report as required on an attachment with an address with all other like empowered. | kemptions contained ature shall have the | I in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director | |
| of the co- changed | rporation or the receiver or trustee empowered to execute this report as requ i, or on an attachment with an address with all other like empowered. | iired by Chapter 607 | r, Florida Statules; and that my name appears in Block 10 or Block 11 if | |

SIGNATURE AND TYPED OF PRINTED NAME OF JUNING OFFICER OR DIRECTOR

SIGNATURE: