2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768269

FILED Feb 14, 2005 Secretary of State

Entity Name: BRADENTON TROPICAL PALMS, INC.

Current Principal Place of Business: New Principal Place of Business: 2310 14TH STREET WEST BRADENTON, FL 34205 LIS **Current Mailing Address: New Mailing Address:** 2310 14TH STREET WEST BRADENTON, FL 34205 US FEI Number: 59-2298601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PORTEE, RONNIE 2310 14TH ST W. BRADENTON, FL 34205 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition STEWART, WILLIAM STEWART, WILLIAM Name: Name: 2305 16TH STREET W Address: 2305 16TH STREET W Address: City-St-Zip: BRADENTON, FL 34205 City-St-Zip: BRADENTON, FL 34205 Title: PD () Delete Title: () Change () Addition CASEY, FLAVIAN Name: Name: Address: 2201 16TH STREET WEST Address: City-St-Zip: BRADENTON, FL 34205 City-St-Zip: Title: () Delete Title: () Change () Addition KOLB, BEVERLY Name: Name: Address: 2302 16TH STREET W Address: City-St-Zip: BRADENTON, FL 34205 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: WERTMAN, DONNA Name: 2104 15TH STREET COURTEAST Address: Address: City-St-Zip: BRADENTON, FL 34205 City-St-Zip: Title: () Delete Title: (X) Change () Addition KENNEDY, RICHARD HOLLOWAY, STEVEN Name: Name: 1516 23RD AVE W 2205 16TH STREET WEST Address: Address: City-St-Zip: BRADENTON, FL 34205 City-St-Zip: BRADENTON, FL 34205 Title: () Delete Title: () Change () Addition PORTEE RON Name: Name: Address: 2310 14TH STREET W Address: BRADENTON, FL 34205 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON PORTEE MD 02/14/2005