

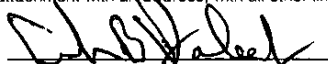


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 768269 1. Entity Name BRADENTON TROPICAL PALMS, INC.			<div style="text-align: center;"> FILED 07 JUL 16 PM 2:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> <div style="text-align: center; margin-top: 10px;">  </div>
Principal Place of Business 2310 14TH STREET WEST BRADENTON, FL 34205 US		Mailing Address 2310 14TH STREET WEST BRADENTON, FL 34205 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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERRY, NANCY L 2310 14TH ST W. BRADENTON, FL 34205		Name Frank Holcomb Street Address (P.O. Box Number is Not Acceptable) 2512 17th St. Ct. West City Bradenton FL FL Zip Code 34205	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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 10	
TITLE SD <input checked="" type="checkbox"/> Delete NAME BEATTY, MAY STREET ADDRESS 1503 22ND AVE. DR. W CITY-ST-ZIP BRADENTON, FL 34205	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Frank Holcomb STREET ADDRESS 2512 17th St. Ct. West CITY-ST-ZIP Bradenton, FL 34205		
TITLE D <input type="checkbox"/> Delete NAME GELSTHORDE, DALE STREET ADDRESS 2516 16TH ST CT W CITY-ST-ZIP BRADENTON, FL 34205	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 600106640706 STREET ADDRESS 07/24/07--01052--006 **61.25 CITY-ST-ZIP		
TITLE TD <input checked="" type="checkbox"/> Delete NAME RATCLIFF, SUE STREET ADDRESS 1503 25 AVE DR W CITY-ST-ZIP BRADENTON, FL 34205	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Gary Cummings STREET ADDRESS 1507 23rd Ave West CITY-ST-ZIP Bradenton, FL 34205		
TITLE D <input type="checkbox"/> Delete NAME FILLIER, LINDA STREET ADDRESS 2700 17TH ST CT W CITY-ST-ZIP BRADENTON, FL 34205	TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE PD <input type="checkbox"/> Delete NAME MANNA, JOE STREET ADDRESS 1410 22ND AVE DR W CITY-ST-ZIP BRADENTON, FL 34205	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> Delete NAME HUMPERT, JAYNE STREET ADDRESS 2415 17TH ST. LN. W. CITY-ST-ZIP BRADENTON, FL 34205	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 617, 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: 		FRANK B. Holcomb - 07/12/07 - 941-748-7257 <small>Signature and typed or printed name of signing officer or director Date Day/Time Phone #</small>	