2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#819898

Title:

Name:

Address:

City-St-Zip:

FILED May 01, 2006 Secretary of State

Entity Name: TROPICANA PRODUCTS SALES, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1001 13TH AVE. E. ATTENTION: TAX DEPT. BRADENTON, FL 34208						
Current Mailing Address:			New Mailir	New Mailing Address:		
C/O PEPSICO, INC. TAX DEPT 700 ANDERSON HILL RD PURCHASE, NY 10577						
FEI Number: 59-0935073 FEI Number Applied For () FEI Number		Number Not Appli	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:						
		Signature of Registered Agent			Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D DWYER, JAMES 1001 13TH AVE E BRADENTON, FL		Title: Name: Address: City-St-Zip:	P (X) 0 SHEARSON, GR 1001 13TH AVE BRADENTON, FL	E	
Title: Name: Address: City-St-Zip:	DVPS () D RYAN, THOMAS 1001 13TH AVE E BRADENTON, FL		Title: Name: Address: City-St-Zip:	VP/C (X) (RILEY, JOHN 1001 13TH AVE BRADENTON, FL		
Title: Name: Address: City-St-Zip:	AT () D LIGUORI, JOSEP 700 ANDERSON I PURCHASE, NY	H HILL ROAD	Title: Name: Address: City-St-Zip:	AS (X) (NURSE, BRIAN N 700 ANDERSON PURCHASE, NY	HILL ROAD	
Title: Name: Address: City-St-Zip:	AT () D MUELLER, CHAR 700 ANDERSON I PURCHASE, NY	LES HILL RD	Title: Name: Address: City-St-Zip:	VP/S (X) (HUNTER, KAREN 1001 13TH AVE BRADENTON, FL	E	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN M NURSE AS 05/01/2006

(X) Delete

BUTTO, NATALIE

1001 13TH AVE E

BRADENTON, FL 34208

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