2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006
Secretary of State

DOCUMENT# N98000000525

Entity Name: TROPICAL RAINFOREST FOUNDATION, INC.

Current Principal Place of Business:

1220 COLLINS AVE.
SUITE 330
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1220 COLLINS AVE.
SUITE 330
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0829147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DE PAZ, VIDA AMOR N
30 WEST MASHTA DRIVE
SUITE 405
KEY BISCAYNE, FL 33149 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

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	CHESTER, GERALDINE	
Address:	96152 GLENWOOD RD.	
City-St-Zip:	YULEE, FL 32097	
Title:	T	( ) Delete
Name:	COOK, PETER	
Address:	23 AVE. 7-50 ZONA 15 VHI LA ROTONDA	
City-St-Zip:	GUATEMALA CITY, GUATEMALA, 01015	
Title:	D	( ) Delete
Name:	DE PAZ, OSCAR ROBERTO	
Address:	23 AVE. 5-29 ZONA 15 VHI LA ROTONDA	
City-St-Zip:	GUATEMALA CITY, GUATEMALA, 01015	
Title:	D	( ) Delete
Name:	LOVETT, TIFFANY	
Address:	625 WALTHER WAY	
City-St-Zip:	LOS ANGELES, CA 90049	
Title:	P	( ) Delete
Name:	DE PAZ, VIDA AMOR N	
Address:	30 MASHTA DRIVE, SUITE 405	
City-St-Zip:	KEY BISCAYNE, FL 33149	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIDA AMOR DEPAZ P 07/20/2006
Electronic Signature of Signing Officer or Director — Date