2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 18, 2007
Secretary of State

DOCUMENT# 259272

Entity Name: BROOKS TROPICALS HOLDING, INC.

Current Principal Place of Business:

18400 SW 256TH ST
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

PO BOX 900160
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 59-0997183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: PD ( ) Delete
Name: BROOKS, N.P. SR.
Address: 18400 S.W. 256 ST.
City-St-Zip: HOMESTEAD, FL 33031

Title: VST ( ) Delete
Name: WHEELING, STEVEN C
Address: 18400 S.W. 256 ST.
City-St-Zip: HOMESTEAD, FL 33031

Title: V (X) Delete
Name: PINTER, ZOLTAN
Address: 18400 SW 125 ST
City-St-Zip: HOMESTEAD, FL 33031

Title: V ( ) Delete
Name: BRYAN, KEVIN
Address: 18400 SW 125 ST
City-St-Zip: HOMESTEAD, FL 33031

Title: V ( ) Delete
Name: KRUSE, SUSAN
Address: 18400 SW 125 ST
City-St-Zip: HOMESTEAD, FL 33031

Title: V ( ) Delete
Name: PRITCHETT, WILLIAM
Address: 18400 SW 125 ST
City-St-Zip: HOMESTEAD, FL 33031

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: STEVEN C. WHEELING VST 10/18/2007

Electronic Signature of Signing Officer or Director Date