2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# 218449

Entity Name: TROPICAL BLOSSOM HONEY CO

Current Principal Place of Business:

106 N. RIDGEWOOD AVE.
P.O. BOX 8
EDGEWATER, FL 321327008

New Principal Place of Business:

106 N. RIDGEWOOD AVE.
P.O. BOX 8
EDGEWATER, FL 321321714 US

Current Mailing Address:

106 N. RIDGEWOOD AVE.
P.O. BOX 8
EDGEWATER, FL 321327008

New Mailing Address:

106 N. RIDGEWOOD AVE.
P.O. BOX 8
EDGEWATER, FL 321320008 US

FEI Number: 59-0977174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGINNIS, PATRICIA
106 NORTH RIDGEWOOD AVE
EDGEWATER, FL 33132 US

Name and Address of New Registered Agent:

MCGINNIS, PATRICIA
106 NORTH RIDGEWOOD AVE
EDGEWATER, FL 321321714 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: 04/13/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCGINNIS, JOHN D
Address: 3630 PIONEER TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: STD ( ) Delete
Name: MCGINNIS, PATRICIA
Address: 1811 PINEDALE RD
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: PATRICIA MCGINNIS STD 04/13/2005
Electronic Signature of Signing Officer or Director — Date