


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 506115 1. Entity Name TROPICAL FOREST BRAND, INC.	
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Principal Place of Business 1715 SILVER STAR ROAD ORLANDO, FL 32804	Mailing Address 1715 SILVER STAR ROAD ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1508179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNETH E. LEWIS
1715 SILVER STAR ROAD
ORLANDO, FL 32804

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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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000254509 03/07/05-80075-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, JANET E. 1715 SILVER STAR ROAD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS SR, KENNETH E 1715 SILVER STAR ROAD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS JR, KENNETH E 1715 SILVER SPRING STAR RD ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, SHERI L 1715 SILVER STAR RD ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SHERI L. LEWIS** 3/4/05 407-293-2451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #