


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 570329 1. Entity Name TROPIPINES CORPORATION		
Principal Place of Business 1405 PALM BLVD. NICEVILLE, FL 32578 US		Mailing Address 345 ILLINOIS AVENUE P.O. BOX 216 VALPARAISO, FL 32580
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WOLFGANG, HARRY L. 345 ILLINOIS AVENUE VALPARAISO, FL 32580		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000426550 02/20/06-80048-007 150.00
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	WOLFGANG, HARRY L.	
STREET ADDRESS	345 ILLINOIS AVENUE	
CITY-ST-ZIP	VALPARAISO, FL	
TITLE	STD	
NAME	WOLFGANG, REBECCA W.	
STREET ADDRESS	345 ILLINOIS AVENUE	
CITY-ST-ZIP	VALPARAISO, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Harry L. Wolfgang</i></u> <u>Harry L. WOLFGANG</u>		<u>2/6/06</u> <u>850-678-2231</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>