## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## Jan 31, 2005 08:00 AM **Secretary of State DOCUMENT # 696440** 1. Entity Name TROPICAL EYE FASHIONS, INC. Mailing Address Principal Place of Business 613 DEL PRADO BLVD 613 DEL PRADO BLVD CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2122134 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CROLEY, JAMES E., III 10335 CAPE ROMAN RD BONITA SPRINGS, FL 34135 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PVD TITLE NAME CROLEY, JAMES E., III STREET ADDRESS 10335 CAPE ROMAN RD. BONITA SPRINGS, FL 34135 CITY ST-ZIP H0000020F397 38/81/415-303/4-050 150.00 TITLE NAME STREET ADDRESS CITY ST-ZIP EITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 end 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST ZIP

**FILED**