

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696440

FILED
Jan 29, 2009
Secretary of State

Entity Name: TROPICAL EYE FASHIONS, INC.

Current Principal Place of Business:

613 DEL PRADO BLVD
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

613 DEL PRADO BLVD
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 59-2122134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROLEY, JAMES E., III
10335 CAPE ROMAN RD.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

CROLEY, JAMES E., III
23921 ADDISON PLACE
BONITA SPRINGS, FL 34134 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: _____

Electronic Signature of Registered Agent

01/29/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: CROLEY, JAMES E., III
Address: 23921 ADDISON PLACE COURT
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAMES E. CROLEY, III

PVD

01/29/2009

Electronic Signature of Signing Officer or Director

Date