

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 696440

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL EYE FASHIONS, INC.

**Current Principal Place of Business:**

613 DEL PRADO BLVD SOUTH  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

613 DEL PRADO BLVD SOUTH  
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  
23921 ADDISON PLACE  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES E CROLEY III

PVD

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date