


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F94838
 1. Entity Name
EAST GLADE TROPICALS, INC.



Principal Place of Business: **18455 SW 264 STREET HOMESTEAD, FL 33031**
 Mailing Address: **18455 SW 264 STREET HOMESTEAD, FL 33031**

DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-2251365**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DE MOTT, JOHN C
18455 SW 264 ST
HOMESTEAD, FL
HOMESTEAD, FL 33031

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 _____ (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. **\$5.00** May Be Added to Fees

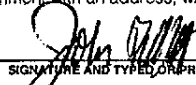
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARNOLD, RICHARDS S
STREET ADDRESS	P O BOX 330808 N/A
CITY - ST - ZIP	COCONUT GROVE, FL
TITLE	PD
NAME	DEMOTT, JOHN C
STREET ADDRESS	18455 SW 264 STREET
CITY - ST - ZIP	HOMESTEAD, FL
TITLE	D
NAME	DEMOTT, RAYMOND C
STREET ADDRESS	P O BOX 4185 N/A
CITY - ST - ZIP	PR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:  **John C. DeMott** **4/5/05** **305-248-5109**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #