

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94838

FILED
Apr 15, 2009
Secretary of State

Entity Name: EAST GLADE TROPICALS, INC.

Current Principal Place of Business:

18455 SW 264 STREET
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

18455 SW 264 STREET
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 59-2251365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE MOTT, JOHN C
18455 SW 264 ST
HOMESTEAD, FL
HOMESTEAD, FL 33031 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARNOLD, RICHARDS S
Address: P O BOX 330808 N/A
City-St-Zip: COCONUT GROVE, FL

Title: PD () Delete
Name: DEMOTT, JOHN C
Address: 18455 SW 264 STREET
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: DEMOTT, . RAYMOND C
Address: P O BOX 4185 N/A
City-St-Zip: PR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARNOLD, RICHARD S
Address: 865 DONALD ROSS ROAD
City-St-Zip: JUNO BEACH, FL 33408

Title: PD (X) Change () Addition
Name: DEMOTT, JOHN C
Address: 18455 SW 264 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: D (X) Change () Addition
Name: DEMOTT, . RAYMOND C
Address: 15200 S.W. 264 STREET
City-St-Zip: PRINCETON, FL 33032

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: JOHN C DEMOTT

D

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date