

Apr 25 05 11:20p Michael Palmer

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**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                                                        |
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| <b>DOCUMENT # F97000002821</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                       |
| 1. Entity Name<br><b>TROPICAL RESORTS DEVELOPMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |                                                                                                                        |
| Principal Place of Business<br><b>23 CORPORATE PLAZA<br/>247<br/>NEWPORT BEACH, CA 92660</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 | Mailing Address<br><b>23 CORPORATE PLAZA<br/>247<br/>NEWPORT BEACH, CA 92660</b>                                       |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                                                                                        |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS ST<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>             |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                                                                                        |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 |                                                                                                                        |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 | U00000355811<br>05/04/05-80010-001 158.75                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CEO<br>PALMER, MICHAEL<br>11601 WILLSHIRE BLVD.<br>LOS ANGELES, CA 90025        | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CD<br>SHIRVANIAN, LINDA<br>23 CORPORATE PLAZA, #247<br>NEWPORT BEACH, CA 92660  |                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>SHAGHINIAN, KHOREN<br>23 CORPORATE PLAZA, #247<br>NEWPORT BEACH, CA 92660 |                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>SHIRVANIAN, KOSTI<br>23 CORPORATE PLAZA #247<br>NEWPORT BEACH, CA 92660    |                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                                                                                                        |
| 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:  <b>Michael Palmer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | <b>4-26-05 8184751892</b>                                                                                              |