

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54275

FILED
Mar 29, 2006
Secretary of State

Entity Name: TROPIC BUS SALES, INC.

Current Principal Place of Business:

2900 ROUTE 9
BAELSTON SPA, NY 12020 US

New Principal Place of Business:

2900 ROUTE 9
BALLSTON SPA, NY 12020 US

Current Mailing Address:

2900 ROUTE 9
BAELSTON SPA, NY 12020 US

New Mailing Address:

2900 ROUTE 9
BALLSTON SPA, NY 12020 US

FEI Number: 59-2538667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, ROBERT E
413 WALNUT STREET
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

MATTHEWS, ROBERT E
413 WALNUT STREET #5030
GREEN COVE SPRINGS, FL 32043 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:

03/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MATTHEWS, GLENN J
Address: 66 LYNDON ROAD
City-St-Zip: QUEENSBURY, NY 12804

Title: D () Delete
Name: MATTHEWS, ROBERT E.,
Address: 413 WALNUT STREET #5030
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP () Delete
Name: MATTHEWS, BRADLEY J
Address: 7509 FOREST CREEK RIDGE COURT
City-St-Zip: SUMMERFIELD, NC 27358

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: MATTHEWS, GLENN J
Address: 233 MENLO PARK RD
City-St-Zip: NISKAYUNA, NY 12309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN J MATTHEWS

PST

03/29/2006

Electronic Signature of Signing Officer or Director

Date