

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90095 044 ***150.00
J08034


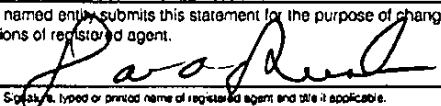
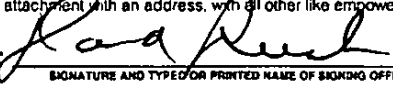
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SECRET
TALLAHASSEE, FLORIDA



06062005 Chg-P CR2E034 (10/03)

DOCUMENT # J08034					
1. Entity Name TROPIC INVESTMENTS, INC.					
Principal Place of Business 7999 N. FEDERAL HWY, STE 202 BOCA RATON, FL 33487 US			Mailing Address PO BOX 811135 BOCA RATON, FL 33481 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2680182	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUSTINE, DAVID A. 7999 N. FEDERAL HWY, STE 202 BOCA RATON, FL 33487				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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  DATE 6-12-05 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent Signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSTINE, DAVID A.			NAME	
STREET ADDRESS	7999 N. FEDERAL HWY, STE 202			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSTINE, REBECCA			NAME	
STREET ADDRESS	7999 N. FEDERAL HWY, STE 202			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSTINE, DAVID A.			NAME	
STREET ADDRESS	7999 N. FEDERAL HWY, STE 202			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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  DATE 6-12-05 DAYTIME PHONE 861-997-8800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					