

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08363

FILED
May 10, 2005
Secretary of State

Entity Name: TROPICAL HEATWAVE DESIGNS, INC.

Current Principal Place of Business:

526 NE 13TH STREET
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

526 NE 13TH STREET
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 59-3041413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKSON, JUNE M., ESQ.
1311 ADAMS ST
HOLLYWOOD, FL 33019 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: HODGES, ELIZABETH AN, N
Address: 1720 HARRISON ST. APT. 10-G
City-St-Zip: HOLLYWOOD, FL 33020

Title: V () Delete
Name: HODGES, CLAUDE D
Address: 1536 CHADWICK WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: HODGES, NAOMI D
Address: 1439-B CAPTAIN'S WALK
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HODGES, ELIZABETH AN, N
Address: 11050 SW 11TH PLACE
City-St-Zip: DAVIE, FL 33324

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 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 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: CLAUDE D. HODGES

V

05/10/2005

Electronic Signature of Signing Officer or Director

_____ Date