2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L54619

Entity Name: TOM'S CARIBBEAN TROPICALS INC.

Current Principal Place of Business:

% THOMAS JOSEPH SCATURRO
106 ARCTIC AVE.
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

% THOMAS JOSEPH SCATURRO
106 ARCTIC AVE.
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 65-0168397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCATURRO, THOMAS JOSEPH
106 ARCTIC AVE.
TAVERNIER, FL 33070 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: SCATURRO, THOMAS JOS, EPH
Address: 106 ARCTIC AVE.
City-St-Zip: TAVERNIER FL,

Title: D ( ) Delete
Name: SCATURRO, CAROL ANN,
Address: 106 ARCTIC AVE.
City-St-Zip: TAVERNIER FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CAROL SCATURRO D 01/09/2009

Electronic Signature of Signing Officer or Director — Date