

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L76543

FILED
Feb 10, 2005
Secretary of State

Entity Name: TROPICAL ARTS RENTAL, INC.

Current Principal Place of Business:

12490 BELCHER ROAD SOUTH
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1024
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

FEI Number: 59-3025857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOEN, MICHAEL P.
12490 BELCHER ROAD SOUTH
LARGO, FL 33773 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: SCHOEN, MICHAEL P.,
Address: 12490 BELCHER ROAD SOUTH
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHOEN, MICHAEL P.,
Address: 12490 BELCHER ROAD SOUTH
City-St-Zip: LARGO, FL 33773 US

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: MICHAEL P SCHOEN

PRES

02/10/2005

Electronic Signature of Signing Officer or Director

_____ Date