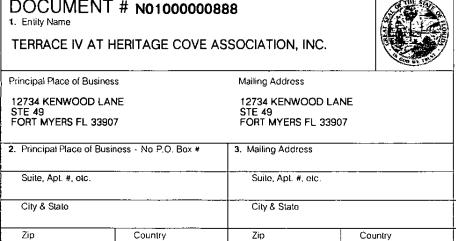
2007 NOT-FOR-PROFIT CORPORATION

"ANNUAL REPORT (AR) DOCUMENT # N01000000888

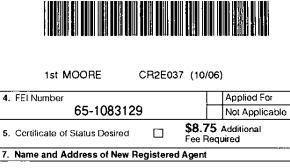


6. Name and Address of Current Registered Agent

the obligations of registered agont.

FILED Mar 20, 2007 8:00 am Secretary of State

03-20-2007 90020 010 ****61.25



Zip Code

Name TROPICAL SALES MNGT Street Address (P.O. Box Number is Not Acceptable) 12734 KENWOOD LANE **STE 49** FORT MYERS FL 33907 Cily

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

SIGNATURE Signature, typed or panied name of registered agent and little il applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD HILE TITLE Delete ☐ Addition KAYE, DIANE 14091 'BRANT POINT CIR #416 NAME DIANE, KAYE NAME STREET ADDRESS 14091 BRANDT POINT CIR 416 STREET ADDRESS CITY ST ZIP CITY-SI-7IP FORT MYERS FL 33919 FORT MYERS FL 33919 ☐ Delete ☐ Change Addition ш NAME PELKOWSKI, BERNARD STREET ADDRESS 14091 BRANT POINT CIR 436 STREET ADDRESS CITY - ST- ZIP FORT MYERS FL 33919 CITY ST-7IP 1000 ☐ Delete HILE ☐ Addition HEUER, LEROY 14091 BRANT POINT CIR #428 FORT MYERS FL 33919 NAME NEUER, LEROY STREET ADDRESS STREET ADDRESS 14091 BRANT PT CIR, #428 CITY - ST-7IP CITY ST ZIP FORT MYERS FL 33919 Delete THE ☐ Change TITLE ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY - ST-7IP CHY ST 7IP Delete 11111 Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY ST-ZIP TILLE Delete ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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.

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE KAYE MAR. 6,2007