

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006777

FILED
Mar 30, 2005
Secretary of State

Entity Name: TROPICAL RIVERS ALLIANCE, INC.

Current Principal Place of Business:

ISSLAC / LATIN AMERICAN AND CARIBBEAN CNT.
FLORIDA INTERNATIONAL UNIVERSITY, DM 353
MIAMI, FL 33199

New Principal Place of Business:

Current Mailing Address:

ISSLAC / LATIN AMERICAN AND CARIBBEAN CNT.
FLORIDA INTERNATIONAL UNIVERSITY, DM 353
MIAMI, FL 33199

New Mailing Address:

FEI Number: 71-0902659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLAIN, MICHAEL E
1005 CORTEZ STREET
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCLAIN, MICHAEL E
Address: 1005 CORTEZ ST
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: SILK, NICOLE
Address: 2060 BROADWAY SUITE 230
City-St-Zip: BOULDER, CO 80302

Title: D () Delete
Name: DORICK, LUCY
Address: 1844 CLOVER MEADOW DR
City-St-Zip: VIENNA, VA 22182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MCCLAIN

PD

03/30/2005

Electronic Signature of Signing Officer or Director

Date