


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90085 043 ****61.25

DOCUMENT # N06000002132 1. Entity Name TROPICAL ATTITUDES AA INC.					
Principal Place of Business 5331 MAIN ST NEW PORT RICHEY, FL 34652			Mailing Address PO BOX 598 NEW PORT RICHEY, FL 34654		
2. Principal Place of Business - No P.O. Box # 5331 MAIN ST.		3. Mailing Address P.O. BOX 598			
Suite, Apt. #, etc. NEW PORT RICHEY, FL.		Suite, Apt. #, etc. NEW PORT RICHEY			
City & State FLORIDA		City & State FLORIDA			
Zip 34652	Country PASCO	Zip 34653	Country PASCO	4. FEI Number 83 0453974	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, WILLIAM 5844 FLORIDA AVE NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name WILLIAM F. JOHNSON Street Address (P.O. Box Number is Not Acceptable) 5844 FLORIDA AVE City NEW PORT RICHEY, FL Zip Code 34652		
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 the obligations of registered agent. SIGNATURE <i>William F. Johnson</i> DATE <i>7/11/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORRELL, CYNDIE 6429 ERIC DRIVE NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VINCENT GARGANO 1749 LADY PALM CT TRINITY FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, TODD 5351 AVERY RD NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAM JOHNSON 5844 FLORIDA AVE NPR FL. 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, WILLIAM 5844 FLORIDA AVE NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROBERT J. CORRENDALL 5330 LUNA VISTA DR N.P.R. FL. 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>William F. Johnson</i>			727 359 4126		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		