
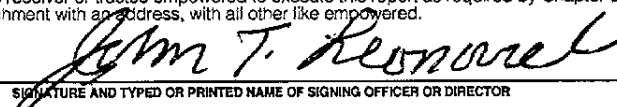


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N96000000561 1. Entity Name TROPICAL AMERICA TRUST, INC.		
Principal Place of Business 333 NE 8TH STREET HOMESTEAD, FL 33030 US		Mailing Address P O BOX 900969 HOMESTEAD, FL 33090-0969 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PASTRAN, RAUL E 333 NE 8TH STREET HOMESTEAD, FL 33030		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PASTRAN, DEBORAH K 333 NE 8TH STREET HOMESTEAD, FL 33030	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONARD, JOHN T 333 NE 8TH STREET HOMESTEAD, FL 33030	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PASTRAN, RAUL 333 NE 8TH STREET HOMESTEAD, FL 33030	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ 305-248-4024 Daytime Phone #



04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0654029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/13/06-80043-013 61.25

**DO NOT WRITE
IN THIS SPACE**