2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000005489

FILED Jan 14, 2008 Secretary of State

Entity Name: TROPICAL ENTERPRISES INTERNATIONAL, INC.

Current Principal Place of Business:		New Principal Place of Business:		
212 W. L AMPA, F	AWN AVENUE L 33611			
urrent N	Mailing Addres	s:	New Mailing Addres	s:
212 W. L AMPA, F	AWN AVENUE L 33611			
El Number	: 59-3621206	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	N, KIMBERLY AWN AVENUE			
	E 33611 US			
AMPA, F	EL 33611 US		ourpose of changing its registere	ed office or registered agent, or both,
AMPA, F	EL 33611 US e named entity s e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
AMPA, Fine above	EL 33611 US e named entity s e of Florida. RE:			ed office or registered agent, or both, Date
AMPA, Fine above the State	E 33611 US e named entity s e of Florida. RE: Electron	ubmits this statement for the p		
AMPA, Fine above the State SIGNATU	E 33611 US e named entity s e of Florida. RE: Electron	ubmits this statement for the place of Signature of Registered Agr	ent	
AMPA, Fine above to the State SIGNATU SIGNATU	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT	ubmits this statement for the pic Signature of Registered Agr Trust Fund Contribution (). FORS: Delete BERLY I AVENUE	ent	Date
AMPA, Fine above the State SIGNATU	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT D () CANAVAN, KIME 3212 W. LAWN TAMPA, FL 336	ubmits this statement for the place of Registered Agric Signature of Registered Agric Trust Fund Contribution (). FORS: Delete BERLY I AVENUE 111 Delete YD I AVENUE	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIMBERLY J. CANAVAN D 01/14/2008