FROM : SAWENBUS SERVICE FAX NO. : 7273602956

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Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90184 011 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000045819

1. Entity Name
TROPICAL VIEWS, INC.

400069966

Principal Place of Business	Mailing Address
7217 GULF BLVD #4 SAINT PETERSBURG BEACH, FL 33706	~~PO BOX 66645~~ ~~SAINT PETERSBURG BEACH, FL 33706~~

04212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		7217 Gulf Blvd #4	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ~~[illegible]~~ #4	
City & State		City & State St. Pete Beach	
Zip	Country	Zip Florida	Country

4. FEI Number 59-3646583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBICHAUX, MARK M 7217 GULF BLVD #4 ST. PETE BEACH, FL 33706	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBICHAUX, MARK M 7217 GULF BLVD #4 ST. PETE BEACH, FL 33706	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YODER, SALLY G ~~5555 GULF BLVD #444~~ 6400-46 Ave N #102 SAINT PETERSBURG, FL ~~33708~~ 33709	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 607, 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] 4/25/06 727-363-6634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #