


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000047813		
1. Entity Name J.D.J. TROPICAL INVESTMENTS, INC.		
Principal Place of Business 10458 SW 53 TER BUSHNELL, FL 33513	Mailing Address 10458 SW 53 TER BUSHNELL, FL 33513	

**DO NOT WRITE IN THIS SPACE**



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1005078	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BIGRAS, JOCELINE  
 10486 SW 53 TER  
 BUSHNELL, FL 33513

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BIGRAS, JOCELINE
STREET ADDRESS	10486 SW 53 TER
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	VP
NAME	RACICOT, JEAN PAUL
STREET ADDRESS	10486 SW 53 TERR
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	D
NAME	KEROACK, YVAN
STREET ADDRESS	10486 SW 53 TER
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	D
NAME	KEROACK, NATALIE
STREET ADDRESS	10486 SW 53 TER
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000933484  
 05/22/08-80098-001 150.00

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: Joeline Bigras  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08  
 Date Daytime Phone #