

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075307

Entity Name: TROPICAL SOLUTIONS, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

103 VACHT CLUB WAY
#307
HYPOLNCO, FL 33465

Current Mailing Address:

PO BOX 3273
LANTANA, FL 33465

New Principal Place of Business:

2905 POINT EAST DRIVE
#L106
AVENTURA, FL 33160

New Mailing Address:

PO BOX 873
KAILUA-KONA, HI 96745 08

FEI Number: 65-1047469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, DOUG
103 YACHT CLUB WAY#307
HYPOLNXO, FL 33465 US

Name and Address of New Registered Agent:

PARKER, DOUG
2905 POINT EAST DRIVE
L-106
AVENTURA, FL 33160 US

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.

SIGNATURE:

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARKER, DOUG
Address: 103 YACHT CLUB WAY#307
City-St-Zip: HYPOLNXO, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PARKER, DOUG
Address: PO BOX 873
City-St-Zip: KAILUA-KONA, HI 967450873

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS D. PARKER

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date