


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P00000092886</b> 1. Entity Name <b>TROPICAL ISLAND TRADING COMPANY, INC.</b>	
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Principal Place of Business <b>432 GREEN STREET KEY WEST, FL 33040</b>	Mailing Address <b>432 GREEN STREET KEY WEST, FL 33040</b>
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**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1065435</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
**MCCLAIN, MICHAEL P  
3314 NORTHSIDE DRIVE  
KEY WEST, FL 33040**

**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 Michael McClain DATE 4/28/2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCAIN, MICHAEL P 3314 NORTHSIDE DR., #131 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCAIN, MADLEN 3314 NORTHSIDE DR., #131 KEY WEST, FL 33040
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05/12/06-80032-020 150.00

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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: Michael McClain DATE 4/28/2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR