

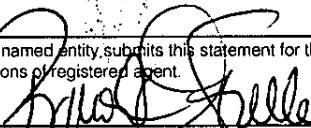
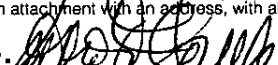


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90050 021 ***150.00

DOCUMENT # P01000006089 1. Entity Name TROPICAL SIGNS INC.					
Principal Place of Business 6802 W HILLS BOREQIGA SUITE 12 TAMPA, FL 33634			Mailing Address 6802 WEST HILLSBOROUGH AVENUE SUITE 12 TAMPA, FL 33634		
2. Principal Place of Business 6802 HILLSBOROUGH AVE Suite, Apt. #, etc. SUITE 12		3. Mailing Address Suite, Apt. #, etc. 			
City & State TAMPA FL		City & State 		4. FEI Number 59-3693232	
Zip 33634		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FULLER, RONALD 18867 US HWY 19 N CLEARWATER, FL 33764				7. Name and Address of New Registered Agent Name FULLER, RONALD Street Address (P.O. Box Number is Not Acceptable) 6802 W. HILLSBOROUGH AVE SUITE 12 City TAMPA FL Zip Code 33634	
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  RONALD FULLER, PRESIDENT DATE 4/6/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D FULLER, RONALD <input checked="" type="checkbox"/> Delete 6802 W HILLS BOREQIGA SUITE 12 TAMPA, FL 33634		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RONALD FULLER <input type="checkbox"/> Delete 6802 W HILLSBOROUGH SUITE 12 TAMPA, FL 33634		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  RONALD FULLER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/6/04 Daytime Phone # (813) 890-9090		