

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019976

Entity Name: TROPICAL BREEZE, INC.

FILED  
May 04, 2009  
Secretary of State

**Current Principal Place of Business:**

1811 12TH ST.  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1811 12TH ST.  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 59-3701127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAUTEUX, JOCELYN  
1811 12TH STREET  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

FAUTEUX, JOCELYN OWNER  
1811 12TH STREET  
CLERMONT, FL 34711 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: JOCELYN FAUTEUX

05/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: FAUTEUX, JOCELYN  
Address: 1811 12 STREET  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: FAUTEUX, JOCELYN OWNER  
Address: 1811 12TH STREET  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOCELYN FAUTEUX

DIR

05/04/2009

Electronic Signature of Signing Officer or Director

Date