2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056976

Entity Name: SUNCOAST TROPICAL PROMOTIONS, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

540 CARILLON PKWY., APT 1096 4230 OAKHURST CIRCLE EAST

SAINT PETERSBURG, FL 33716 SARASOTA, FL 34233

Current Mailing Address: New Mailing Address:

540 CARILLON PKWY., APT 1096 4411 BEE RIDGE RD. SAINT PETERSBURG, FL 33716 289

SARASOTA, FL 34233

FEI Number: 65-1125991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COHEN, MARCUS J COHEN, MARCUS J

540 CARILLON PKWY., APT 1096 4230 OAKHURST CIRCLE EAST SAINT PETERSBURG, FL 33716 US SARASOTA, FL 34233 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: MARCUS J. COHEN 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: COHEN, MARCUS J Name: COHEN, MARCUS J

Address: 540 CARILLON PKWY., APT 1096 Address: 4230 OAKHURST CIRCLE EAST City-St-Zip: SAINT PETERSBURG, FL 33716 City-St-Zip: SARASOTA, FL 34233

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: MARCUS J COHEN D 04/29/2005