2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 27, 2006 08:00 AN Secretary of State **DQCUMENT # P01000062813** 1. Entity Name TROPIC TEXACO, INC. Principal Place of Business Mailing Address 728 NW DIXIE HWY 728 NW DIXIE HWY STUART, FL 34994 STUART, FL 34994 02082006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1117183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KINSLEY, KAREN DO NOT WRITE 728 N. DIXIE HWY. STUART, FL 34994 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. 4 - 20 -06 DATE (NOTE: Flogistered Agent signature required when reinstating) Signature, typed or crinted name of registered agent and title if ag 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KINSLEY, KAREN NAME 2302 NE 15 COURT STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 U00000539619 TITLE 05/09/06-80107-002 150.00 KINSLEY, FRANK NAME STREET ADDRESS 2302 NE 15 COURT CITY-ST-ZIP JENSEN BEACH, FL 34957 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 accdrate 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:

NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #