


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**


05-14-2008 90010 042 \*\*\*150.00

<b>DOCUMENT # P01000088327</b>	
1. Entity Name <b>TROPICAYA FRUIT &amp; GIFT MART, INC.</b>	

Principal Place of Business <b>3220 S.W. PINE ISLAND ROAD BOX A CAPE CORAL FL 33991</b>	Mailing Address <b>3220 S.W. PINE ISLAND ROAD BOX A CAPE CORAL FL 33991</b>
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2. Principal Place of Business - No P.O. Box # <b>5141 PINE ISLAND RD</b>	3. Mailing Address <b>16081 TORTUGA ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BOKEELIA FL</b>	City & State <b>BOKEELIA FL</b>
Zip <b>33922</b>	Country <b>LEE</b>
Zip <b>33922</b>	Country <b>LEE</b>

	
1st MOORE	CR2E034 (10/07)
4. FEI Number <b>65-1137680</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SHULTZ, GEORGIA D 3220 S.W. PINE ISLAND ROAD BOX A CAPE CORAL FL 33991</b>	
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7. Name and Address of New Registered Agent Name <b>SHULTZ, GEORGIA D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>16081 TORTUGA ST.</b> City <b>BOKEELIA</b> FL Zip Code <b>33922</b>	
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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 <u><i>Georgia D. Shultz, VP</i></u> DATE <u><b>2-11-08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHULTZ, DAVID E 3220 S.W. PINE ISLAND ROAD, BOX A CAPE CORAL FL 33991</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SHULTZ, GEORGIA D 3220 S.W. PINE ISLAND ROAD, BOX A CAPE CORAL FL 33991</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SHULTZ, DAVID E. 5141 P.I. RD. BOKEELIA, FL 33922</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SHULTZ, GEORGIA D 5141 PINE ISLAND ROAD BOKEELIA, FL 33922</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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: <u><i>Georgia D. Shultz</i></u> (GEORGIA D. SHULTZ) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u><b>2-11-08</b></u> Daytime Phone # <u><b>239-283-0656</b></u>