FILED 2008 FOR PROFIT CORPORATION Apr 18, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P01000111971 THOMAS TROPICAL FISH, INC. Principal Place of Business Mailing Address POST OFFICE BOX 33 POST OFFICE BOX 33 RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 02242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0578112 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS, BRYAN C JR. DO NOT WRITE 11009 MCMULLEN LOOP RIVERVIEW, FL 33569 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 thomas A (NOTE Registered Agent signature required when reinstating)

FILE NOW!!!	FEE IS \$150.00
After May 1, 2008	B Fee will be \$550.00

10.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

PSD TITLE NAME THOMAS, BRYAN C JR. STREET ADDRESS POST OFFICE BOX 33 RIVERVIEW, FL 33569 CITY-ST-ZIP VTD TITLE THOMAS, MIRIAM A NAME STREET ADDRESS POST OFFICE BOX 33 CHY-SI-ZIP RIVERVIEW, FL 33569 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICERS AND DIRECTORS

DO NOT WRITE IN THIS SPACE

U00000907249

V5/U5/08-80030-022 150.00

12. I hereby certify that the information supplied with this filing coes 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08

813-677-9678