2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# P01000111971

Entity Name: THOMAS TROPICAL FISH, INC.

Current Principal Place of Business:

POST OFFICE BOX 33
RIVERVIEW, FL 33569

New Principal Place of Business:

11009 MCMULLEN LOOP RD
RIVERVIEW, FL 33569

Current Mailing Address:

POST OFFICE BOX 33
RIVERVIEW, FL 33569

New Mailing Address:

POST OFFICE BOX 33
RIVERVIEW, FL 33568

FEI Number: 01-0578112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, BRYAN C JR.
11009 MCMULLEN LOOP
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: THOMAS, BRYAN C JR.
Address: POST OFFICE BOX 33
City-St-Zip: RIVERVIEW, FL 33569

Title: VTD ( ) Delete
Name: THOMAS, MIRIAM A
Address: POST OFFICE BOX 33
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MIRIAM A THOMAS VP 04/09/2009

Electronic Signature of Signing Officer or Director — Date