2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# P02000067858

Entity Name: TROPICAL TOWER SERVICE, INC.

Current Principal Place of Business:

12187 SW 132 COURT
MIAMI, FL 33186

New Principal Place of Business:

12187 SW 132 COURT
MIAMI, FL 33186 US

Current Mailing Address:

12187 SW 132 COURT
MIAMI, FL 33186

New Mailing Address:

12187 SW 132 COURT
MIAMI, FL 33186 US

FEI Number: 27-0017796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYINK, DONALD B
12187 SW 132 COURT
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

HYINK, DONALD B
12208 SW 119 TERRACE
MIAMI, FL 33186 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: DONALD B. HYINK 01/25/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HYINK, DONALD B
Address: 12187 SW 132 COURT
City-St-Zip: MIAMI, FL 33186

Title: VST ( ) Delete
Name: DOUGLASS, ROSA M
Address: 12208 SW 119 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: V ( ) Delete
Name: BONNER, WILLIAM
Address: 4844 WIGGINS RD
City-St-Zip: LAKE WORTH, FL 33463

Title: V ( ) Delete
Name: WHEELER, BRYAN
Address: 9721 BELAIRE DR.
City-St-Zip: MIAMI, FL 33157

Title: V (X) Delete
Name: MONTEITH, DWIGHT O
Address: 1000 WEST AVENUE #602
City-St-Zip: MIAMI, FL 33139

Title: V ( ) Delete
Name: LONG, DON A
Address: 9815 SW 62 STREET
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HYINK, DONALD B
Address: 12208 SW 119 TERRACE
City-St-Zip: MIAMI, FL 33186

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

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

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

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: ROSA M. DOUGLASS VST 01/25/2008
Electronic Signature of Signing Officer or Director Date