## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000111549

Entity Name: TROPIC AIR SUPPLY, INC.

FILED Apr 13, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

4115 BANDY BLVD PMB #12 859 NW 358 BLVD

FORT PIERCE, FL 34981 OKEECHOBEE, FL 34972

Current Mailing Address: New Mailing Address:

4115 BANDY BLVD PMB #12 859 NW 358 BLVD

FORT PIERCE, FL 34981 OKEECHOBEE, FL 34972

FEI Number: 43-1986264 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FARRELL, RICKEY L ESQ BOURN, DELORIS A 1595 SE PORT ST LUCIE BLVD 859 NW 358 BLVD

PORT ST LUCIE, FL 34952 US OKEECHOBEE, FL 34972 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: DELORIS ANN BOURN 04/13/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: P (X) Change () Addition

 Name:
 KORBEL, KIMBERLY
 Name:
 JONES, PAUL D

 Address:
 4440 SE 134TH AVENUE
 Address:
 2615 51 STREET EAST

 City-St-Zip:
 OKEECHOBEE, FL 34974
 City-St-Zip:
 BRADENTON, FL 34208

Title: P ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 KORBEL, KIMBERLY S
 Name:
 JONES, ROBERT A

 Address:
 4440 SE 134TH AVE
 Address:
 2615 51 STREET EAST

 City-St-Zip:
 OKEECHOBEE, FL 34974
 City-St-Zip:
 BRADENTON, FL 34208

Title: ( ) Delete Title: ST ( ) Change (X) Addition

 Name:
 Name:
 BOURN, DELORIS A

 Address:
 Address:
 859 NW 358 BLVD

 City-St-Zip:
 City-St-Zip:
 OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the 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: DELORIS ANN BOURN ST 04/13/2006