

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 21, 2006  
Secretary of State**

DOCUMENT# P02000111549

Entity Name: TROPIC AIR SUPPLY, INC.

**Current Principal Place of Business:**

859 NW 358 BLVD  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

859 NW 358 BLVD  
OKEECHOBEE, FL 34972

**New Mailing Address:**

FEI Number: 20-4737925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOURN, DELORIS A  
859 NW 358 BLVD  
OKEECHOBEE, FL 34972      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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: JONES, PAUL D  
Address: 2615 51 STREET EAST  
City-St-Zip: BRADENTON, FL 34208

Title: VP      ( ) Delete  
Name: JONES, ROBERT A  
Address: 2615 51 STREET EAST  
City-St-Zip: BRADENTON, FL 34208

Title: ST      ( ) Delete  
Name: BOURN, DELORIS A  
Address: 859 NW 358 BLVD  
City-St-Zip: OKEECHOBEE, FL 34972

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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

04/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date