2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115076

FILED Mar 16, 2009 Secretary of State

Entity Name: TROPICAL RESORTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1683 PERSIMMON DRIVE NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 1683 PERSIMMON DRIVE NAPLES, FL 34109 FEI Number: 04-3718787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMB, JEFFREY FIORETTI, BRENDA 868 106TH AVENUE NORTH 1683 PERSIMMON DRIVE NAPLES, FL 34108 NAPLES, FL 34109 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: BRENDA FIORETTI 03/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FIORETTI, RICHARD Name: Name: 1683 PERSIMMON DRIVE Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: FIORETTI, BRENDA Name: 1683 PERSIMMON DRIVE Address: Address: NAPLES, FL 34109 City-St-Zip: 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: BRENDA FIORETTI DVP 03/16/2009