

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

5. **FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90159 037 \*\*\*150.00

<b>DOCUMENT # P02000132242</b> 1. Entity Name <b>TROPICAL HOME FUNDING CORPORATION</b>																																			
Principal Place of Business <b>333 SW 27 AVE FT LAUDERDALE, FL 33312</b>		Mailing Address <b>333 SW 27 AVE FT LAUDERDALE, FL 33312</b>																																	
2. Principal Place of Business <b>7950 S. Military Trail #201</b> Suite, Apt. #, etc.		3. Mailing Address <b>7950 S. Military Trail #201</b> Suite, Apt. #, etc.																																	
City & State <b>Lake Worth FL</b>		City & State <b>Lake Worth FL</b>																																	
Zip <b>33463</b>		Zip <b>33463</b>																																	
Country		Country																																	
6. Name and Address of Current Registered Agent  <b>MORRIS, DIONNE 333 SW 27 AVE FT LAUDERDALE, FL 33312</b>		7. Name and Address of New Registered Agent Name <b>MORRIS DIONNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7950 S. Military Trail #201</b> City <b>Lake Worth</b> <b>FL</b> Zip Code <b>33463</b>																																	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE <b>4/30/05</b> <small>(NOTE: Registered Agent signature required when - enclosing)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width: 50%; padding: 2px;">           D MORRIS, DIONNE A <input type="checkbox"/> Delete            333 SW 27 AVE            FT LAUDERDALE, FL 33312         </td> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width: 50%; padding: 2px;">           D MORRIS, DIONNE A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            7950 S. Military Trail #201            Lake Worth FL 33463         </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, DIONNE A <input type="checkbox"/> Delete 333 SW 27 AVE FT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, DIONNE A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7950 S. Military Trail #201 Lake Worth FL 33463	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/30/05</b> <b>561 965444 9</b> <small>Daytime Phone #</small>																																	

66023568



04302005 Chg-P CR2E034 (10/03)

4. FEI Number  
APPLIED FOR **620576439** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**