2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# P02000134315

Entity Name: TROPIC ARTS ENTERPRISES INC.

Current Principal Place of Business:

18565 48TH AVE 14
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

18565 48TH AVE 14
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 42-1580045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LILJEGREN, ROBERT N
18565 48TH AVENUE NORTH
LOXAHATCHEE, FL 33470 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HORMMEL, LISA L
Address: 18565 48TH AVE N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LILJEGREN, ROBERT N
Address: 18565 48TH AVE N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP ( ) Change (X) Addition
Name: HOMMEL, LISA L
Address: 18565 48TH AVENUE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT N. LILJEGREN PD 01/12/2004

Electronic Signature of Signing Officer or Director — Date