

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036810

FILED
Feb 16, 2006
Secretary of State

Entity Name: TROPICAL TOILETS, INC.

Current Principal Place of Business:

417 NORTHLAKE DRIVE
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

417 NORTHLAKE DRIVE
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 02-1068488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKOLICHANY, RONALD G
417 NORTHLAKE DRIVE
NORTH PALM BEACH, FL 33408 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: P () Delete
Name: MATTES, STEVE L
Address: PO BOX 650441
City-St-Zip: VERO BEACH, FL 32965 US

Title: VP () Delete
Name: OLOLICHANY, RONALD G
Address: 417 NORTHLAKE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SEC () Delete
Name: OKOLICHANY, CYNTHIA M
Address: 417 NORTHLAKE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TR () Delete
Name: OKOLICHANY, CYNTHIA M
Address: 417 NORTHLAKE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLOLICHANY, RONALD G
Address: 417 NORTH LAKE DR
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VP (X) Change () Addition
Name: FASNACHT, LISA M
Address: 1708 ST LUCIE CT
City-St-Zip: FORT PIERCE, FL 34949

Title: SEC (X) Change () Addition
Name: FASNACHT, LISA M
Address: 1708 ST LUCIE CT
City-St-Zip: FORT PIERCE, FL 34949

Title: TR (X) Change () Addition
Name: FASNACHT, LISA M
Address: 1708 ST LUCIE CT
City-St-Zip: FORT PIERCE, FL 34949

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: RONALD OLOLICHANY

P

02/16/2006

Electronic Signature of Signing Officer or Director

Date