2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 21, 2006
Secretary of State

DOCUMENT# P03000036810

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:

1708 ST LUICE COURT
FORT PIERCE, FL 34949

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:

FASNACHT, RUSSELL G
1708 ST LUCIE CT
FORT PIERCE, FL 34949 US

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: RUSSELL FASNACHT 09/21/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FASNACHT, RUSSELL G
Address: 1708 ST LUCIE CT
City-St-Zip: FORT PIERCE, FL 34949 US

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: RONALD G. OLOLICHANCY P 09/21/2006
Electronic Signature of Signing Officer or Director Date