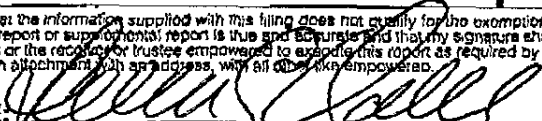


FILED

Feb 03, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000038766 1. Entity Name TROPICAL CONQUEST DEVELOPMENT CORPORATION																																																														
Principal Place of Business 250 S OCEAN BL 17-D BOCA RATON, FL 33432	Mailing Address 250 S OCEAN BL 17-D BOCA RATON, FL 33432																																																													
DO NOT WRITE IN THIS SPACE		02082006No Chg-PCR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 02-0688233</td><td style="width: 20%;">Applied For ☒ Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 02-0688233	Applied For ☒ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																									
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6. Name and Address of Current Registered Agent UDELL, GLENN S 250 S OCEAN BL 17-D BOCA RATON, FL 33432		DO NOT WRITE IN THIS SPACE																																																												
6. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents are now required when re-registering)																																																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 10%;">D</td><td style="width: 80%;">UDELL, GLENN S</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>250 S OCEAN BL 17-D</td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>BOCA RATON, FL 33432</td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	D	UDELL, GLENN S	NAME			STREET ADDRESS		250 S OCEAN BL 17-D	CITY-ST-ZIP		BOCA RATON, FL 33432	TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			000000418877 02/14/06-80024-025 150.00 DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registrar 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 empowerments.																																																														
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2-8-06 516-353-5353 Daytime Phone #																																																												