

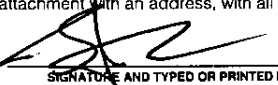
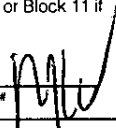


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000040767 1. Entity Name TROPICAL SMOOTHIE, INC.						FILED 05 JUN -8 PM 4:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1150 EGLIN PARKWAY SHALIMAR, FL 32579				Mailing Address 1150 EGLIN PARKWAY SHALIMAR, FL 32579			
2. Principal Place of Business 4100 LEGENDARY DRIVE SUITE 250 DESTIN, FLORIDA 32541 USA		3. Mailing Address 4100 LEGENDARY DRIVE SUITE 250 DESTIN, FLORIDA 32541 USA		6062005 Chg-P CR2E034 (10/03)			
4. FEI Number 59-3466244				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BIELBY, LORENCE J 1460 EGLIN PARKWAY SHALIMAR, FL 32579			
7. Name and Address of New Registered Agent 101 E. COLLEGE AVENUE TALLAHASSEE FL 32301				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WALKER, DAVID 1460 EGLIN PARKWAY SHALIMAR, FL 32579		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D WALKER, DAVID W. 4100 LEGENDARY DR SUITE 250 DESTIN, FL 32541		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D JENRICH, ERIC 1460 EGLIN PARKWAY SHALIMAR, FL 32579		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D JENRICH, ERIC D. 4100 LEGENDARY DRIVE, SUITE 250 DESTIN, FL 32541		<input checked="" 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	
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: 				6/7/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	