2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P03000075252

Entity Name: TROPICAL DISTRIBUTORS USA INC.

Current Principal Place of Business:

P.O. BOX 542541
LAKE WORTH, FL 33454

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 542541
LAKE WORTH, FL 33454

New Mailing Address:

FEI Number: 20-0079057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRIOS, WAYNE
4100 N. POWERLINE DRIVE
I-5
POMPANO BEACH, FL 33073 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: BARRIOS, WAYNE
Address: P.O. BOX 542541
City-St-Zip: LAKE WORTH, FL 33454

Title: D ( ) Delete
Name: BLACK, GORDON
Address: P.O. BOX 542541
City-St-Zip: LAKE WORTH, FL 33454

Title: D ( ) Delete
Name: BLACK, MARY
Address: P.O. BOX 542541
City-St-Zip: LAKE WORTH, FL 33454

Title: D ( ) Delete
Name: HAFFENDEN, GLADSTONE
Address: P.O. BOX 542541
City-St-Zip: LAKE WORTH, FL 33454

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: WAYNE BARRIOS P 04/15/2005

Electronic Signature of Signing Officer or Director — Date