


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000081347	
1. Entity Name TROPICAL LONDON, INC.	

Principal Place of Business 50 LAREDO LANE BOCA RATON, FL 33487-1565	Mailing Address 50 LAREDO LANE BOCA RATON, FL 33487-1565
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02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0099728	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MELESI-BOORTZ, AMY 50 LAREDO LANE BOCA RATON, FL 33487-1565

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U000000514211
04/29/06-80160-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELESI-BOORTZ, AMY 50 LAREDO LANE BOCA RATON, FL 334871565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOORTZ, CHARLES 50 LAREDO LANE BOCA RATON, FL 334871565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOORTZ, NICOLE 50 LAREDO LANE BOCA RATON, FL 334871565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MELESI, JACQUELINE 50 LAREDO LANE BOCA RATON, FL 334871565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:  **April 14, 06** **561 9885463**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #