

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141762

FILED
Apr 28, 2005
Secretary of State

Entity Name: TROPIC CONSTRUCTION, INC.

Current Principal Place of Business:

7960 LAKEWOOD COVE CT.
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7960 LAKEWOOD COVE CT.
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 74-3111127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOUKOLEHTO, TIMO
7960 LAKEWOOD COVE CT.
LAKE WORTH, FL 33467 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: D () Delete
Name: TOUKOLETO, TIMO
Address: 7960 LAKEWOOD COVE CT.
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: LAIHONEN, KARI
Address: 2400 N.E. 27TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LAIHONEN, KARI
Address: 2752 NE 14 ST
City-St-Zip: FORT LAUDERDALE, FL 33304

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: KARI LAIHONEN

D

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date