2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# P03000144083

Entity Name: TROPICALIA, INC.

Current Principal Place of Business:

6210 SCOTT ST
STE 111
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

6210 SCOTT ST
STE 111
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-0462643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, J. DAVID EA
2511 VASCO STREET
STE 115
PUNTA GORDA, FL 33950 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: PRES ( ) Delete
Name: LAVOIE, VICTORIA
Address: 6210 SCOTT ST STE 111
City-St-Zip: PUNTA GORDA, FL 33950

Title: VICE ( ) Delete
Name: MCSWEENEY, ITA
Address: 6210 SCOTT ST STE 111
City-St-Zip: PUNTA GORDA, FL 33950

Title: SEC ( ) Delete
Name: MCSWEENEY, OONA
Address: 6210 SCOTT ST STE 111
City-St-Zip: PUNTA GORDA, FL 33950

Title: TREA ( ) Delete
Name: LAVOIE, VICTORIA
Address: 6210 SCOTT ST STE 111
City-St-Zip: PUNTA GORDA, FL 33950

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 Chapter 119, 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: VICTORIA LAVOIE P 02/22/2007

Electronic Signature of Signing Officer or Director — Date