2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050320

Entity Name: TROPICAL GULF HOMES MANAGEMENT INC

FILED Aug 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

24540 HARBORVIEW ROAD 517 PAUL MORRIS DR

C4-2 G-4

PORT CHARLOTTE, FL 33980 ENGLEWOOD, FL 34223 US

Current Mailing Address: New Mailing Address:

24540 HARBORVIEW ROAD 517 PAUL MORRIS DR

PORT CHARLOTTE, FL 33980 ENGLEWOOD, FL 34223 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLYNN, SARAH FLYNN, SARAH 24540 HARBORVIEW ROAD 13 SEAWARD CIR US PLACIDA, FL 33946

G-4 PORT CHARLOTTE, FL 33980 US

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: SARAH FLYNN 08/03/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

RICE, ROBERT A RICE, ROBERT A Name: Name: 24540 HARBORVIEW ROAD G-4 5201 FORBES TER Address: Address:

City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: PORT CHARLOTTE, FL 33981

() Delete Title: VD Title: VD (X) Change () Addition

FLYNN, BRANDON Name: Name: FLYNN, BRANDON 26396 NADIR ROAD APT 505 Address: 13 SEAWARD CIR Address: City-St-Zip: PUNTA GORDA, FL 33983 PLACIDA, FL 33946 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: BRANDON FLYNN D VP 08/03/2005