2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 08:00 A Secretary of State

| ANNUAL REPORT | | | | Apr 18, 2007 08:0 |
|---|--|--|-----------------------------|--|
| DOCUMENT # P04000111040 1. Entity Name TROPIC TINT OF BREVARD, INC. | | | | Secretary of St |
| | | | | |
| 709 SILVER PALM AVE 709 UNIT J UNIT | | Mailing Address 709 SILVER PALM AVE UNIT J | | |
| WELBOOKNE | ., FL 32901 | MELBOURNE, FL 32901 | | |
| | e de la companya de l | en e | · | |
| DO NOT WRITE IN THIS SPA | | | CE | 01152007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For |
| • | | 1 | , I | 42-1641563 Not Applicable |
| · . | 6. Name and Address of Current Re | egistered Agent | <u> </u> | 5. Certificate of Status Desired Fee Required |
| | | | | |
| BOYLE, JAMES J 709 SILVER PALM AVE UNIT J | | | | DO NOT WRITE |
| MELBOURNE, FL 32901 | | | | 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 | Signature, typed or printed name of registered agent and | d title if applicable. (NOTE, Registers | sd Agent signature required | d when renetating) — DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | | J.00 May Be ded to Fees |
| 10. | OFFICERS AND DI | RECTORS | 1 | |
| NAME | BOYLE, JAMES J | | | |
| STREET ADDRESS CITY-ST-ZIP | 709 SILVER PALM AVE UNIT J MELBOURNE, FL 32901 | | | the the second the second of the |
| TITLE . | | | 1 | U00000714492 04/27/07-80025-015 150.00 |
| STREET ADDRESS | | | | 07/21/01 000E3 013 136:00 |
| TITLE | | | - | • |
| NAME STREET ADDRESS | | | , , | |
| CITY - ST - ZIP | | | | DO NOT WRITE |
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| NAME STREET ADDRESS | | | | u garage |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutés. 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 tike empowered.

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SIGNATURE: >

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07

Daytime Phone #