


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90011 034 ***150.00


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| DOCUMENT # P04000111040 |  |
| 1. Entity Name TROPIC TINT OF BREVARD, INC. | |

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| Principal Place of Business 709 SILVER PALM AVE UNIT J MELBOURNE, FL 32901 | Mailing Address 709 SILVER PALM AVE UNIT J MELBOURNE, FL 32901 |
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| 2. Principal Place of Business - No P.O. Box # 410 Albenga Rd., NW Suite, Apt. #, etc. | 3. Mailing Address Same Suite, Apt. #, etc. |
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|------------------------------|--------------|
| City & State Palm Bay, FL | City & State |
|------------------------------|--------------|

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|--------------|---------|-----|---------|
| Zip 32907 | Country | Zip | Country |
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07082008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 42-1641563 | Applied For 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 BOYLE, JAMES J 709 SILVER PALM AVE UNIT J MELBOURNE, FL 32901 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 410 Albenga Rd., Nw City Melbourne FL Zip Code 32907 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOYLE, JAMES J 709 SILVER PALM AVE UNIT J MELBOURNE, FL 32901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 410 Albenga Rd., NW Melbourne, FL 32907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____