

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111871

FILED  
Jan 13, 2007  
Secretary of State

Entity Name: TROPIKARE INC.

**Current Principal Place of Business:**

3402 WALL RD.  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

3402 WALL ROAD  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

FEI Number: 20-1430592      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STRAITRAY CORPORATION  
4075 A1A S STE 200A  
ST. AUGUSTINE, FL 32080 US

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

STRAITRAY CORPORATION  
124 CALLE DE LEON  
ST. AUGUSTINE, FL 32086 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: JEFFREY D. STRAIT

01/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NEAT, KAROLYN A  
Address: 3402 WALL ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP ( ) Delete  
Name: NEAT, JOHN N  
Address: 3402 WALL ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: S ( ) Delete  
Name: NEAT, FRANCIS  
Address: 3402 WALL ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: T ( ) Delete  
Name: STRAIT, JEFFREY D  
Address: 515 FOX HOLLOW LANE  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

**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: KAROLYN A. NEAT

P

01/13/2007

Electronic Signature of Signing Officer or Director

Date