2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129922

FILED Sep 12, 2007 Secretary of State

Entity Name: TROPICAL FLORIDA RE	EAL ESTATE, INC.	•
Current Principal Place of Business:	New Principal Place	e of Business:
6173 PINE TERRACE PLANTATION, FL 333171211		
Current Mailing Address:	New Mailing Addre	ss:
6173 PINE TERRACE PLANTATION, FL 333171211		
FEI Number: 56-2480512 FEI Number Ap	pplied For () FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registe	ered Agent: Name and Address	of New Registered Agent:
SALMON, NELCIA ANNE 6173 PINE TERRACE PLANTATION, FL 333171211 US		
The above named entity submits this staring the State of Florida.	tement for the purpose of changing its register	ed office or registered agent, or both,
SIGNATURE:		
Electronic Signature of Registered Agent D		Date
In accordance with s. 607.193(2)(b), F.S., the c Election Campaign Financing Trust Fund Cont		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: SALMON, NELCIA ANNE Address: 6173 PINE TERRACE City-St-Zip: PLANTATION, FL 333171211	Address: 6173 PINE	(X) Change()Addition NELCIA ANNE ETERRACE ON, FL 333171211

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

SALMON, DUNCAN R Name: Name: Address: 6173 PINE TERRACE Address: PLANTATION, FL 333171211 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NELCIA ANNE SALMON D 09/12/2007