2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P04000148038

Entity Name: TROPICAL SHORES, INC.

Current Principal Place of Business:

2200 DR MARTIN LUTHER KING BLVD
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

C/O JOHN M. WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 75-3172661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WICKER, JOHN M P.A.
12670 NEW BRIITTANY BLVD SUITE 101
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRIITTANY BLVD SUITE 101
FT MYERS, FL 33907 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: JOHN M. WICKER 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CIMINI, MICHELLE
Address: 1007 SE 25TH LANE
City-St-Zip: CAPE CORAL, FL 33904

Title: VP ( ) Delete
Name: LUSSIER, CHRISTOPHER
Address: 1007 SE 25TH LANE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: LUSSIER, MICHELLE
Address: 1007 SE 25TH LANE
City-St-Zip: CAPE CORAL, FL 33904

Title: DVP (X) Change ( ) Addition
Name: LUSSIER, CHRISTOPHER
Address: 1007 SE 25TH LANE
City-St-Zip: CAPE CORAL, FL 33904

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: MICHELLE LUSSIER DPST 04/20/2009
Electronic Signature of Signing Officer or Director Date