2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005
Secretary of State

DOCUMENT# P04000154744

Entity Name: TROPICAL HAVEN, INC.

Current Principal Place of Business:

5540 NW 49TH WAY
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5540 NW 49TH WAY
COCONUT CREEK, FL 33073

New Mailing Address:

C/O S. KRAFT PA-934 N UNIVERSITY DR.
250
CORAL SPRINGS, FL 33071

FEI Number: 20-1957549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SMITH, GARY PRES
5540 NW 49 WAY
COCONUT CREEK, FL 33073 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: GARY SMITH 07/08/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SMITH, GARY
Address: 5540 NW 49TH WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: VTD ( ) Delete
Name: BIRCH-SMITH, SHARON
Address: 5540 NW 49TH WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: D (X) Delete
Name: KRAFT, STEVEN
Address: 5540 NW 49TH WAY
City-St-Zip: COCONUT CREEK, FL 33073

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY SMITH PRES 07/08/2005
Electronic Signature of Signing Officer or Director Date