2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170849

Entity Name: TROPICAL THREE INC.

FILED May 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 872 WEST TROPICAL WAY PLANTATION, FL 33317 **Current Mailing Address: New Mailing Address:** 872 WEST TROPICAL WAY PLANTATION, FL 33317 FEI Number: 65-1238733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FISCHER, CHRISTINA Name: Name: 872 WEST TROPICAL WAY Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: Title: () Delete () Change () Addition FISCHER, ROLF Name: Name: 872 WEST TROPICAL WAY Address: Address: PLANTATION, FL 33317 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DERNICK, DONN Name: Name: 872 WEST TROPICAL WAY Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition PEACHELL, ALLEN Name: Name: Address: 872 WEST TROPICAL WAY Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: Title: () Delete () Change () Addition FISCHER, VICTORIA Name: Name: 872 WEST TROPICAL WAY Address: Address: City-St-Zip: PLANTATION, FL 33317 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: CHRISTINA H. FISCHER PT 05/10/2005