

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015361

FILED
Apr 27, 2006
Secretary of State

Entity Name: TROPICAL VENTURES OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

8646 NAVARRE PARKWAY
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

8646 NAVARRE PARKWAY
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 20-2241108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCHARD LAW FIRM, P.A.
7552 NAVARRE PARKWAY
SUITE 9
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

WILEY, TANYA M MRS
3219 AZALEA CIRCLE
LYNN HAVEN, FL 32444 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: TANYA M WILEY

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HILL, DAVID P
Address: 9713 LEEWARD WAY
City-St-Zip: NAVARRE, FL 32566 US

Title: VP () Delete
Name: WILEY, DAVID W
Address: 3124 BIRDS EYE CIRCLE
City-St-Zip: GULF BREEZE, FL 32563 US

Title: TREA () Delete
Name: HILL, JENNIFER K
Address: 9713 LEEWARD WAY
City-St-Zip: NAVARRE, FL 32566 US

Title: SEC (X) Delete
Name: WILEY, TANYA M
Address: 3124 BIRDS EYE CIRCLE
City-St-Zip: GULF BREEZE, FL 32563 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WILEY, TANYA M
Address: 3219 AZALEA CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: TREA (X) Change () Addition
Name: HILL, JENNIFER K
Address: 8646 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566 US

Title: SEC (X) Change () Addition
Name: WILEY, DAVID W
Address: 3219 AZALEA CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

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: TANYA M WILEY

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date