

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90286 048 \*\*\*158.75

<b>DOCUMENT # P05000039993</b>					
<b>1. Entity Name</b> <b>TROPAFLORA INC.</b>					
<b>Principal Place of Business</b> 20321 SW 316TH STREET HOMESTEAD, FL 33030			<b>Mailing Address</b> 20321 SW 316TH STREET HOMESTEAD, FL 33030		
<b>2. Principal Place of Business</b> 1801 Lakedge Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1801 Lakedge Drive Suite, Apt. #, etc.			
<b>City &amp; State</b> Middleburg, FL		<b>City &amp; State</b> Middleburg, FL		<b>4. FEI Number</b> 65-1245088	
<b>Zip</b> 32068		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SLAYBAUGH, RICHARD M JR 20321 SW 316TH STREET HOMESTEAD, FL 33030			<b>7. Name and Address of New Registered Agent</b> Name: <u>Richard M. Slaybaugh Jr.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1801 Lakedge Drive</u> City: <u>MIDDLEBURG</u> <u>FL</u> <u>32068</u>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>Richard M. Slaybaugh Jr. Pres/CEO</u> (NOTE: Registered Agent signature required when re-registering) <span style="float: right;">DATE: <u>April 5, 2006</u></span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: PCEO NAME: SLAYBAUGH, RICHARD M JR STREET ADDRESS: 20321 SW 316TH STREET CITY-ST-ZIP: HOMESTEAD, FL 33030	<input type="checkbox"/> Delete		TITLE: SAME NAME: SAME STREET ADDRESS: 1801 Lakedge Drive CITY-ST-ZIP: MIDDLEBURG, FL 32068	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VCFO NAME: SLAYBAUGH, JACLYN D STREET ADDRESS: 20321 SW 316TH STREET CITY-ST-ZIP: HOMESTEAD, FL 33030	<input type="checkbox"/> Delete		TITLE: SAME NAME: SAME STREET ADDRESS: 1801 Lakedge Drive CITY-ST-ZIP: MIDDLEBURG, FL 32068	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>					
SIGNATURE: <u>Richard M. Slaybaugh Jr. Pres/CEO</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/5/06</u> <span style="float: right;">904-773-3450</span> Daytime Phone #		

Richard M. Slaybaugh Jr.