2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# P05000058063

Entity Name: TROPICAL FALLS, INC.

Current Principal Place of Business:

14010 SW 74ST
MIAMI, FL 33183

New Principal Place of Business:

8440 SOUTH DIXIE HWY
504
MIAMI, FL 33143

Current Mailing Address:

14010 SW 74ST
MIAMI, FL 33183

New Mailing Address:

8440 SOUTH DIXIE HWY
504
MIAMI, FL 33143

FEI Number: 65-1249152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 NW 16 ST
FT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRYAN, JUDY
Address: 14010 SW 74ST
City-St-Zip: MIAMI, FL 33183

Title: VPD ( ) Delete
Name: BRYAN, DAVID
Address: 14010 SW 74ST
City-St-Zip: MIAMI, FL 33183

Title: STD ( ) Delete
Name: BRYAN, ROBERT
Address: 14010 SW 74ST
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRYAN, JUDY
Address: 8440 SOUTH DIXIE HWY UNIT 504
City-St-Zip: MIAMI, FL 33143

Title: VPD (X) Change ( ) Addition
Name: BRYAN, DAVID
Address: 8440 SOUTH DIXIE HWY UNIT 504
City-St-Zip: MIAMI, FL 33143

Title: STD (X) Change ( ) Addition
Name: BRYAN, ROBERT
Address: 8440 SOUTH DIXIE HWY
City-St-Zip: MIAMI, FL 33143

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: DAVID BRYAN VP 02/25/2009
Electronic Signature of Signing Officer or Director Date