

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90033 002 \*\*\*150.00

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01202007 Chg-P CR2E034 (12/06)

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000012465</b><br>1. Entity Name<br><b>TROPICAL TWISTERS GYMNASTICS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                     |                                                                                                                        |                                                                                                                                                                      |  |
| Principal Place of Business<br><b>225 SW 37TH ST.<br/>CAPE CORAL, FL 33914-7838</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  |                     | Mailing Address<br><b>225 SW 37TH ST.<br/>CAPE CORAL, FL 33914-7838</b>                                                |                                                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | 3. Mailing Address  |                                                                                                                        |                                                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  | Suite, Apt. #, etc. |                                                                                                                        |                                                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | City & State        |                                                                                                                        |                                                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                          | Zip                 | Country                                                                                                                | 4. FEI Number<br><b>76-0812378</b>                                                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |                     |                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br><b>OAKS, DAVID K. ESQ.<br/>407 E. MARION AVE.<br/>DAVID K. OAKS, P.A.<br/>PUNTA GORDA, FL 33950</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                     |                                                                                                                        | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                     |                                                                                                                        |                                                                                                                                                                      |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |                     |                                                                                                                        |                                                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                     | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DP<br/>JOHNSON, LISA G.<br/>225 SW 37TH ST.<br/>CAPE CORAL, FL 339147838</b> <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DST<br/>JOHNSON, MICHAEL<br/>225 SW 37TH ST.<br/>CAPE CORAL, FL 339147838</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |  |
| 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:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                     | Date <b>1/23/07</b><br><small>Daytime Phone #</small>                                                                  |                                                                                                                                                                      |  |