2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# P06000130292

Entity Name: TROPICAL OASIS CORP.

Current Principal Place of Business:

2566 SE WEST BLACKWELL DR.
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

2566 SE WEST BLACKWELL DR.
PORT ST LUCIE, FL 34952 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNALLY, CHERIEZSON
5715 NW CULLOM CT
PORT ST LUCIE, FL FL US

Name and Address of New Registered Agent:

ARRUDA, SARA
2566 SE WEST BLACKWELL DR.
PORT SAINT LUCIE, FL 34952 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: SARA ARRUDA 01/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: OWN ( ) Delete
Name: ARRUDA, SARA
Address: 2566 SE WEST BLACKWELL DR.
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: P ( ) Delete
Name: ARRUDA, BRYAN
Address: 2566 SE WEST BLACKWELL DR.
City-St-Zip: PORT ST LUCIE, FL 34952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARRUDA, SARA
Address: 2566 SE WEST BLACKWELL DR.
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: VP (X) Change ( ) Addition
Name: ARRUDA, BRYAN
Address: 2566 SE WEST BLACKWELL DR.
City-St-Zip: PORT ST LUCIE, FL 34952 US

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: SARA ARRUDA P 01/30/2007
Electronic Signature of Signing Officer or Director Date