2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P06000130292

Entity Name: TROPICAL OASIS CORP.

Current Principal Place of Business:

1707 NW ST LUCIE WEST BLVD
SUITE 114
PORT SAINT LUCIE, FL 34988 US

New Principal Place of Business:

1707 NW ST LUCIE WEST BLVD
SUITE 122
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 56-2643381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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

Title: V ( ) Delete
Name: SUTHERLAND, BRENDA
Address: 2567 SE WEST BLACKWELL DR.
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SARA ARRUDA P 04/16/2009

Electronic Signature of Signing Officer or Director — Date