
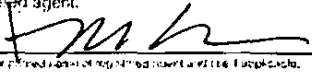



2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2008 8:00 am
Secretary of State

2/1

02-18-2008 90003 021 ***150.00

DOCUMENT # P07000021816					
1. Entity Name SLOAN PROPERTIES-TROPICAL ACCOMMODATIONS INC.					
Principal Place of Business 106 SE 7TH AVENUE DELRAY BEACH FL 33483			Mailing Address 106 SE 7TH AVENUE DELRAY BEACH FL 33483		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	County	Zip	County	4. FEI Number Supplied to Ken	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145				7. Name and Address of New Registered Agent Name DAN SWAN Street Address (P.O. Box Number is Not Acceptable) 106 SE 7TH AVE City DeLray Bch, FL Zip Code 33483	
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  DATE 2/1/08					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOAN, DANIEL 106 SE 7TH AVENUE DELRAY BEACH FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SLOAN, DONNAMARIE 106 SE 7TH AVENUE DELRAY BEACH FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowers.					
SIGNATURE:  Dan Swan DATE: 2/1/08					

Ken **66004233**


1st MOORE CR2E034 (10/07)

Zip Code **33483**

DATE **2/1/08**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

SIGNATURE:  **Dan Swan** DATE: **2/1/08**