2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2010
Secretary of State

DOCUMENT# P08000019945

Entity Name: TROPICAL PHARMACY INC.

Current Principal Place of Business:

6289 WEST SUNRISE BLVD
SUITE118
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6289 WEST SUNRISE BLVD
SUITE118
SUNRISE, FL 33313

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:

DELAVEGA, MARIA
6289 WEST SUNRISE BLVD
SUITE 118
SUNRISE, FL FL 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
Name: WHITE, CLAUDE
Address: 6289 W. SUNRISE BLVD 118
City-St-Zip: SUNRISE, FL 33313

I hereby 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 all other like empowered.

SIGNATURE: CLAUD WHITE PRE 02/24/2010
Electronic Signature of Signing Officer or Director Date