

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000057744

FILED
Mar 29, 2009
Secretary of State

Entity Name: TROPIC THUNDER EVENTS INC.

Current Principal Place of Business:

4421 THOMAS DR.
SUITE 902
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

4421 THOMAS DR.
SUITE 902
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 26-2838771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEAVY, RAP
4421 THOMAS DR.
SUITE 902
PANAMA CITY BEACH, FL 32408 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: PEAVY, RAP
Address: 4421 THOMAS DR. SUITE 902
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VP () Delete
Name: PEAVY, MARY C
Address: 4421 THOMAS DR.
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VP (X) Delete
Name: GRIFFIN, TOMMY
Address: 14542 US HIGHWAY 19 SOUTH
City-St-Zip: THOMASVILLE, GA 31757

Title: VP (X) Delete
Name: LYNCH, JERRY
Address: 1618 ISABELLA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: ST (X) Delete
Name: STEPHANI, GABRIEL
Address: 102 LAKE CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PEAVY, RAP
Address: 4421 THOMAS DR. SUITE 902
City-St-Zip: PANAMA CITY BEACH, FL 32408

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

Title: () Change () Addition
Name:
Address:
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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: RAP PEAVY

Electronic Signature of Signing Officer or Director

PRES

03/29/2009

_____ Date