

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000057744

FILED  
Apr 26, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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: R.A. PEAVY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/26/2011

\_\_\_\_\_  
Date