

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000052418

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** TROPICAL WEDDING PLANNER, INC.

**Current Principal Place of Business:**

822 SW 46TH ST., UNIT 10  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

822 SW 46TH ST  
10  
CAPE CORAL, FL 33914

**Current Mailing Address:**

822 SW 46TH ST., UNIT 10  
CAPE CORAL, FL 33914

**New Mailing Address:**

822 SW 46TH ST  
10  
CAPE CORAL, FL 33914

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BAUMEISTER-MEIER, CHRISTINE  
822 SW 46TH ST., UNIT 10  
CAPE CORAL, FL 33914    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: PD  
Name: BAUMEISTER-MEIER, CHRISTINE  
Address: 822 SW 46TH ST , UNIT 10  
City-St-Zip: CAPE CORAL, FL 33914

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: CHRISTINE BAUMEISTER-MEIER

CEO

01/06/2012

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

\_\_\_\_\_ Date