2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2006 08:00 AM **DOCUMENT # P93000008374 Secretary of State** SOUTHERN TROPICAL ELECTRIC, INC. Principal Place of Business Mailing Address 273 N.E. 163RD ST. 273 N.W. 163RD ST. N.MIAMI BEACH, FL 33162 US N. MIAMI BEACH, FL 33162 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0386279 \$8.75 Additional 5. Certificate of Status Desired - Fee Required 6. Name and Address of Current Registered Agent CEDRIC DWYER DO NOT WRITE 273 N.E. 163 STREET N. MIAMI BEACH, FL 33162 IN THIS SPACE 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 Signature, typed or panted name of registered agent and title a applicable INOTE Registered Agent signature required when reinstating \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS TITLE DWYER, CEDRIC NAME STREET ADDRESS 273 NE 163 ST N MIAMI BEACH, FL 33162 CITY-ST-ZIP 11000000383513 01/13/06-80004-008 158.00 DWYER, JOAN 273 NE 163 STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL HILE STREET ADDRESS DO NOT WRITE CUTY-ST-ZIP IN THIS SPACE STREET ADDRESS COTY - 57 - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

305546-758X

FILED