2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# P93000010225

Entity Name: TROPICAL COMPUTERS, INC.

Current Principal Place of Business:

10267 WEST TARA BLVD
BOYNTON BEACH, FL 334437 US

New Principal Place of Business:

10267 WEST TARA BLVD
BOYNTON BEACH, FL 33437 US

Current Mailing Address:

10267 WEST TARA BLVD
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 65-0473300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, MARK A
50 SE 4TH AVE.
DELRAY BEACH, FL 33483 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: DP ( ) Delete
Name: CREEDON, TOM
Address: 748 HEWITT LANE
City-St-Zip: NEW WINDSOR, NY 12553 US

Title: DST (X) Delete
Name: CIALONE, JOSEPH
Address: 10267 WEST TARA BLVD
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: DST (X) Delete
Name: ANTOSH, GARY
Address: 138 PALM COAST PARKWAY NE ST. 153
City-St-Zip: PALM COAST, FL 32137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CIALONE, JOSEPH
Address: 10267 WEST TARA BLVD.
City-St-Zip: BOYNTON BEACH, FL 33437 US

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: DR. JOSEPH CIALONE PRES 01/28/2008

Electronic Signature of Signing Officer or Director Date