


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000023314		
1. Entity Name TROPIC CASINO CRUISES, INC.		
Principal Place of Business C/O ATLANTIA HOLDINGS 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 US	Mailing Address C/O ATLANTIA HOLDINGS 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 US	



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0651024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLACKBURN, ACE J JR COONEY MATTON LANCE BLACKBURN RICHARDS 2312 WILTON DR. FORT LAUDERDALE, FL 33305	DO NOT WRITE IN THIS SPACE
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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.

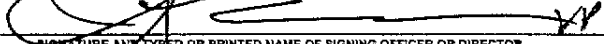
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		<p>U00000424516 02/18/06-80051-018 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACKBURN, A JR 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ECONOMOU, C 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, J 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORFIDIS, G 245 E DANIA BEACH BLVD DANIA BEACH, FL 33004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-25-06 954-922-7771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #