

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 17, 2007 8:00 am  
Secretary of State**

05-17-2007 90035 006 \*\*\*150.00

|   |  |   |
|---|--|---|
| DOCUMENT # P96000023314                       |  |  |
| 1. Entity Name<br>TROPIC CASINO CRUISES, INC. |  |   |

|  |  |   |
|--|--|---|
| Principal Place of Business<br>C/O ATLANTIA HOLDINGS<br>645 E DANIA BEACH BLVD<br>DANIA BEACH, FL 33004 US | Mailing Address<br>C/O ATLANTIA HOLDINGS<br>645 E DANIA BEACH BLVD<br>DANIA BEACH, FL 33004 US |   |
| 2. Principal Place of Business - No P.O. Box #   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |   |
| City & State   | City & State   |   |
| Zip  | Country  |   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent |



01042007 Chg-P CR2E034 (12/06)

|                                  |   |
|----------------------------------|---|
| 4. FEI Number<br>65-0651024      | Applied For<br>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 MATTSON LANCE BLACKBURN RICHARDS  
2312 WILTON DR.  
FORT LAUDERDALE, FL 33305

Ace J. Blackburn, Jr.  
180 Fiesta Way  
Ft. Lauderdale, FL 33301

Acceptable)

FL Zip Code

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<br>After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

|  |  |   |  |   |
|--|--|---|--|---|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BLACKBURN, A JR<br>645 E DANIA BEACH BLVD<br>DANIA BEACH, FL 33004 | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>ECONOMOU, C<br>645 E DANIA BEACH BLVD<br>DANIA BEACH, FL 33004    | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WAGNER, J<br>645 E DANIA BEACH BLVD<br>DANIA BEACH, FL 33004        | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MORFIDIS, G<br>245 E DANIA BEACH BLVD<br>DANIA BEACH, FL 33004      | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X.P.

4-5-07

Date

Daytime Phone #