

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077032

FILED
Jan 08, 2009
Secretary of State

Entity Name: TROPICAL ISLAND DISTRIBUTION INC.

Current Principal Place of Business:

290 MILFORD POINT DR
MERRITT ISLAND, FL 32952

New Principal Place of Business:

500 SAIL LN #303
MERRITT ISLAND, FL 32953

Current Mailing Address:

P O BOX 542734
MERRITT ISLAND, FL 329542734

New Mailing Address:

FEI Number: 59-3398906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, KARLA
290 MILFORD POINT DR
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

CRAWFORD, KARLA
500 SAIL LN #303
MERRITT ISLAND, FL 32953 US

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

01/08/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAWFORD, KARLA
Address: 290 MILFORD POINT DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD () Delete
Name: KIL, MICHAEL
Address: 290 MILFORD POINT DR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRAWFORD, KARLA
Address: 500 SAIL LN #303
City-St-Zip: MERRITT ISLAND, FL 32953

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: KARLA R CRAWFORD

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date