2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# P96000077032

Entity Name: TROPICAL ISLAND DISTRIBUTION INC.

Current Principal Place of Business:

500 SAIL LN #303
MERRITT ISLAND, FL 32953

New Principal Place of Business:

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
500 SAIL LN #303
MERRITT ISLAND, FL 32953 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

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KARLA R CRAWFORD PD 03/11/2009

Electronic Signature of Signing Officer or Director Date