

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90003 007 ***150.00

DOCUMENT # P97000042083 1. Entity Name TROPICAL PALMS INCORPORATED					
Principal Place of Business 16887 WEST GLASGOW DRIVE LOXAHATCHEE, FL 33470 US			Mailing Address 16887 WEST GLASGOW DRIVE LOXAHATCHEE, FL 33470 US		
2. Principal Place of Business 4754 130th Ave North		3. Mailing Address 4754 130th Ave North			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ROYAL PALM BEACH, FL		City & State ROYAL PALM BEACH, FL		4. FEI Number 65-0762288	
Zip 33411		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33411		Country US		6. Name and Address of Current Registered Agent PAGANELLO, GARY 2328 40TH AVE NORTH #402 LAKE WORTH, FL 33461	
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 4754 130TH AVENUE NORTH			
City ROYAL PALM BEACH		State FL		Zip Code 33411	
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: 2/26/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PAGANELLO, GARY 16887 WEST GLASGOW DRIVE LOXAHATCHEE, FL 33470		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4754 130TH AVENUE NORTH ROYAL PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS PAGANELLO, MARLENE 16887 WEST GLASGOW DRIVE LOXAHATCHEE, FL 33470		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4754 130TH AVENUE NORTH ROYAL PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: MARLENE A. PAGANELLO			2/26/06 561-798-4834 <small>Date Daytime Phone #</small>		