

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082623

FILED
Jul 05, 2006
Secretary of State

Entity Name: LILES TROPICAL FISH INC

Current Principal Place of Business:

P.O. BOX 267
RUSKIN, FL 33570

New Principal Place of Business:

P.O. BOX 267
RUSKIN, FL 33575

Current Mailing Address:

P.O. BOX 267
RUSKIN, FL 33570

New Mailing Address:

P.O. BOX 267
RUSKIN, FL 33575

FEI Number: 59-3470772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LILES, CINDY J
6043 FRANCIS DRIVE
APOLLO BEACH, FL 33572 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LILES, SIDNEY W
Address: P.O. BOX 267
City-St-Zip: RUSKIN, FL 33570

Title: VP () Delete
Name: LILES, CINDY J
Address: P.O. BOX 267
City-St-Zip: RUSKIN, FL 33570

Title: T () Delete
Name: WOOD, TERESA LILES
Address: P.O. BOX 267
City-St-Zip: RUSKIN, FL 33570

Title: S () Delete
Name: DURDEN, AMY LILES
Address: PO BOX 267
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LILES, SIDNEY W
Address: P.O. BOX 267
City-St-Zip: RUSKIN, FL 33575

Title: VP (X) Change () Addition
Name: LILES, CINDY J
Address: P.O. BOX 267
City-St-Zip: RUSKIN, FL 33575

Title: T (X) Change () Addition
Name: WOOD, TERESA LILES
Address: P.O. BOX 267
City-St-Zip: RUSKIN, FL 33575

Title: S (X) Change () Addition
Name: DURDEN, AMY LILES
Address: PO BOX 267
City-St-Zip: RUSKIN, FL 33575

I hereby certify that the information supplied with this filing does not qualify for the 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: CINDY LILES

VP

07/05/2006

Electronic Signature of Signing Officer or Director

_____ Date