

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000099636</b> 1. Entity Name TROPICAL TORQUE CONVERTERS, INC.	
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Principal Place of Business 5701 SW 40TH AVE. FORT LUDERDALE, FL 33314 US	Mailing Address 5701 SW 40TH AVE. FORT LUDERDALE, FL 33314 US
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**DO NOT WRITE IN THIS SPACE**

04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0826445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, FRANK  
5701 SW 40TH AVENUE  
FT. LAUDERDALE, FL 33312

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

U00000733328  
05/09/07-800800-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARTIN, FRANK 5701 SW 40TH AVENUE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, FRANK 5701 SW 40TH AVENUE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: F. Martin 04/17/07 9589279272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #