2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2008
Secretary of State

DOCUMENT# P98000024529

Entity Name: TROPICAL LIGHTSCAPES, INC.

Current Principal Place of Business:

4888 DAVIS BLVD.
STE. 120
NAPLES, FL 34104

New Principal Place of Business:

1400 POMPEI LN
STE. 24
NAPLES, FL 34103

Current Mailing Address:

4888 DAVIS BLVD.
STE. 120
NAPLES, FL 34104

New Mailing Address:

300 5TH AVE S., SUITE 101
UNIT 240
NAPLES, FL 34102

FEI Number: 65-0821208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THORSEN, KEVIN
4888 DAVIS BLVD.
STE. 120
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

THORSEN, KEVIN
300 5TH AVE S., SUITE 101
UNIT 240
NAPLES, FL 34102 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: 08/30/2008
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: D ( ) Delete
Name: THORSEN, KEVIN
Address: 4888 DAVIS BLVD., STE. 120
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: THORSEN, MICHELE
Address: 4888 DAVIS BLVD., STE. 120
City-St-Zip: NAPLES, FL 34104

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THORSEN, KEVIN
Address: 300 5TH AVE S., SUITE 101, UNIT 240
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Change ( ) Addition
Name: THORSEN, MICHELE
Address: 300 5TH AVE S., SUITE 101, UNIT 240
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Change (X) Addition
Name: ERP, ANDREW
Address: 300 5TH AVE S., SUITE 101, UNIT 240
City-St-Zip: NAPLES, FL 34102

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: MICHELE THORSEN VP 08/30/2008
Electronic Signature of Signing Officer or Director — Date