

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024529

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: TROPICAL LIGHTSCAPES, INC.

## Current Principal Place of Business:

1400 POMPEI LN  
STE. 24  
NAPLES, FL 34103

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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

## Name and Address of New Registered Agent:

THORSEN, KEVIN  
300 5TH AVE S., STE 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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: ERP, ANDREW S  
Address: 300 5TH AVE S., STE 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

04/28/2009

Electronic Signature of Signing Officer or Director

Date