2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P98000052680

Entity Name: NORTH FLORIDA TROPICS, INC.

Current Principal Place of Business:

9926 BEACH BLVD.,STE.306
JACKSONVILLE, FL 322464706

New Principal Place of Business:

1821 PARENTAL HOME ROAD SUITE #7
JACKSONVILLE, FL 32216

Current Mailing Address:

P.O. BOX 16952
JACKSONVILLE, FL 322456952

New Mailing Address:

FEI Number: 59-3516839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARRISH, STEVE
9926 BEACH BLVD.,STE.306
JACKSONVILLE, FL 322464706 US

Name and Address of New Registered Agent:

PARRISH, STEVE
1821 PARENTAL HOME ROAD SUITE #7
JACKSONVILLE, FL 32216 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: _____ 04/13/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PARRISH, STEVE
Address: 9926 BEACH BLVD STE 306
City-St-Zip: JACKSONVILLE, FL 322464706

Title: VP ( ) Delete
Name: CLEVELAND, ALLAN
Address: 3917 BUNNELL DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: SECR ( ) Delete
Name: PARRISH, ROY
Address: 1821-7 PARENTAL HOME ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: TREA ( ) Delete
Name: BRELAND, GARY
Address: PO BOX 16952
City-St-Zip: JACKSONVILLE, FL 32245

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PARRISH, STEVE
Address: 1821 PARENTAL HOME ROAD SUITE #7
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVE PARRISH P 04/13/2005
Electronic Signature of Signing Officer or Director — Date