

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000083012</b>					
<b>1. Entity Name</b> TROPICAL VISIONS, INC.					
<b>Principal Place of Business</b> 4550 HIGHWAY 20, UNIT H NICEVILLE, FL 32578 US			<b>Mailing Address</b> 4550 HIGHWAY 20, UNIT H NICEVILLE, FL 32578 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3540298	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WYROUGH, WILLIAM E JR. 10859 EMERALD COAST PKWY W., #204-426 MIRAMAR BEACH, FL 32550			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PVST WYROUGH, WILLIAM E JR. 12671 U.S. HIGHWAY 98 W, 217-1 MIRAMAR BEACH, FL 32550		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D WYROUGH, WILLIAM E JR. 12671 U.S. HIGHWAY 98 W, 217-1 MIRAMAR BEACH, FL 32550		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
<b>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 reports 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.</b>			U000000746294 05/16/07-80064-006 150.00		
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: April 25, 2007					
Daytime Phone #					