


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90409 031 ***150.00

| | | | |
|-------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| DOCUMENT # P99000043044 | |  | |
| 1. Entity Name TROPICAL SMOOTHIE VENTURES II, INC. | | | |
| Principal Place of Business 1894 THOMASVILLE RD. TALLAHASSEE FL 32303 | | Mailing Address 1894 THOMASVILLE RD. TALLAHASSEE FL 32303 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E034 (11/03)

| | | | |
|-----------------------------------------------------------|--|--------------------------------------------------------|--|
| 4. FEI Number 59-3578543 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent GOLDBERG, STUART E ESQ. 2120 KILLARNEY WAY TALLAHASSEE FL 32308 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|-----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OSBORNE, SAMUEL 1346 SILVER MOON DR TALLAHASSEE FL 32312 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Samuel L. Osborne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/04

850-509-9238