

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100374

FILED
Mar 09, 2005
Secretary of State

Entity Name: TROPICS SOFTWARE TECHNOLOGIES, INC.

Current Principal Place of Business:

1 S SCHOOL AVE
STE 600
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2740
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-0961319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOBAREKEH, MASSOUD M
330 S PINEAPPLE
STE 205
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

MOBAREKEH, MASSOUD M
1 S SCHOOL AVE
STE 600
SARASOTA, FL 34237 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: _____ 03/09/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MILLER, H. LINCOLN JR
Address: 29 OLD KINGS HIGHWAY
City-St-Zip: LEBANON, NH 03766

Title: SD () Delete
Name: MILLER, KURT J
Address: 23 SALEM LANE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: PD () Delete
Name: MOBAREKEH, MASSOUD M
Address: 320 RINGLING POINTE DR
City-St-Zip: SARASOTA, FL 34234

Title: T () Delete
Name: WEST, ROB
Address: 3204 JESSIE HARBOR DR
City-St-Zip: OSPREY, FL 34229

Title: V () Delete
Name: SEIBERT, DONNA J
Address: 2614 WEBBER PL
City-St-Zip: SARASOTA, FL 34232

Title: VD () Delete
Name: MASSINGALE, STEPHEN B
Address: 7536 HARRINGTON LANE
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROB WEST T 03/09/2005
Electronic Signature of Signing Officer or Director Date