

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100374

FILED  
Apr 03, 2006  
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 (X)

**Name and Address of Current Registered Agent:**

MOBAREKEH, MASSOUD M  
1 S SCHOOL AVE  
STE 600  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: CD (X) Change ( ) Addition  
Name: MILLER, H. LINCOLN JR  
Address: 8168 CROWN BAY MARINE, #525  
City-St-Zip: ST THOMAS, VI 00802 VI

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 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: ROB WEST

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

T

04/03/2006

\_\_\_\_\_ Date