

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100374

FILED
Apr 03, 2009
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
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: 10 WYCLIFF ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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

Title: VD () Delete
Name: MASSINGALE, STEPHEN B
Address: 13506 4TH AVE NE
City-St-Zip: BRADENTON, FL 34212

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:

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

CFOD

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date