2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 10, 2006 08:00 AM DOCUMENT # S75041 **Secretary of State** 1. Entity Name TROPIC DIESEL & MARINE SERVICE, INC. Principal Place of Business Mailing Address 221 #3 OLD DIXIE HWY. 221 #3 OLD DIXIE HWY. TEQUESTA, FL 33469 TEQUESTA, FL 33469 01052006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0285385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WASSENAAR, RANDEL J DO NOT WRITE 8752 S.E. SANDRIDGE AVE HOBE SOUND, FL 33455 IN THIS SPACE 3. 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 tills if applicable. (NOTE: Registered Agent eignature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000382090 \$5.00 May Be Trust Fund Contribution. Added to Fee 01/11/06-80091-018 150.00 10. OFFICERS AND DIRECTORS DP TITLE WASSENAAR, RANDEL J. NAME STREET ADDRESS 221 OLD DIXIE HWY #3 CITY-ST-ZIP JUPITER, FL 33469 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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 report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME STREET ADDRESS CITY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SI