I hereby 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

I hereby 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 all other like empowered.

SIGNATURE: MARY P. STARICK

Electronic Signature of Signing Officer/Director Detail

ST

01/08/2014

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G57006

Entity Name: TROPICAL IRRIGATION, INC.

Current Principal Place of Business:

7535 GARDEN ROAD SUITE 23-A RIVIERA BEACH, FL 33404

Current Mailing Address:

7535 GARDEN ROAD SUITE 23-A RIVIERA BEACH, FL 33404 US

FEI Number: 59-2320733

Name and Address of Current Registered Agent:

STARICK, ROBERT 3125 S INDIAN RIVER DR FORT PIERCE, FL 34982 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	DP	Title	ST
Name	STARICK, ROBERT	Name	STARICK, MARY P.
Address	3125 S INDIAN RIVER DR	Address	3125 S INDIAN RIVER DR
City-State-Zip:	FORT PIERCE FL 34982	City-State-Zip:	FORT PIERCE FL 34982

FILED Jan 08, 2014 Secretary of State CC3544713967

Date

Certificate of Status Desired: No

Date