2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 08:00 AM Secretary of State

ANNUAL REPORT			_	Socr	etary of State
DOCUMENT # J29896 1. Entity Name SUCCESSFUL MONEY MANAGEMENT OF TAMPA BAY, INC.				Seci	etary or State
Principal Place of Business — 13535 FEATHER SOUND DR SUITE 119 CLEARWATER, FL 33762 US	Mailing Address 13535 FEATHER SOUND DR SUITE 119 CLEARWATER, FL 33762	JS		 Tis istin (cor leve son sus	RI OLUKS SION SISH OKSH OKSH OKSH HUROSIK HULO
DO NOT WRITE		CE	04012005 4. FEI Number 59-2708; 5. Certificate of	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current R LEE, RICHARD F. 13535 FEATHER SOUND DRIVE SUITE 119 CLEARWATER, FL 33762			IN T	NOT WR HIS SPA	CE
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and printed name of registered name of regis	d file if applicable North Registers 9. Election Campaign Final	ed Agent signalure required		in the State of Florida	a I am familiar with, and accept
10. OFFICERS AND D IIIL PD NAML LEE, RICHARD F. SIREET ADDRESS 13535 FEATHER SOUND DR., SU CITY-ST ZIP CLEARWATER, FL IIILE D NAME LEE, ROBERT L. SIRELT ADDRESS 13535 FEATHER SOUND DR., SU CITY-ST ZIP CLEARWATER, FL	JITE 119				6339 012-005 150.00
ITTE NAME STRELT ADDRESS CITY-ST-ZIP TITLE NAME STRELT ADDRESS CITY ST-ZIP		DO NOT WRITE IN THIS SPACE			
NAME SIREET ADDRESS CITY-ST ZIP	•				

12. I hereby certify that the information supplied with this filling does not qualify 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 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 trusted 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, wittrall other like empowered.

SIGNATURE:

STREET ADDRESS CITY ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard F. Lee

4/12/05 (72

(727)572-141