


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90148 009 \*\*\*150.00

<b>DOCUMENT # P01000023656</b>	
1. Entity Name <b>SOUTH TAMPA LAND GROUP, INC.</b>	

Principal Place of Business <b>1611 W. PLATT STREET TAMPA, FL 33606</b>	Mailing Address <b>1611 W. PLATT STREET TAMPA, FL 33606</b>
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2. Principal Place of Business <b>2101 W. PLATT ST</b>	3. Mailing Address <b>2101 W. PLATT ST.</b>
Suite, Apt. #, etc. <b>SUITE 200</b>	Suite, Apt. #, etc. <b>SUITE 200</b>
City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>
Zip <b>33606</b>	Country <b>USA</b>

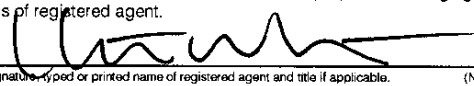


04222005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3699767</b>	Applied For <input type="checkbox"/> Not Applicable
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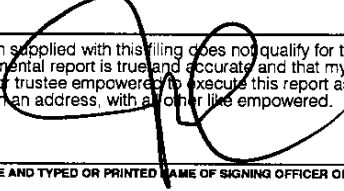
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KOEHLER, KEITH W 1611 W. PLATT STREET TAMPA, FL 33606</b>	7. Name and Address of New Registered Agent <b>Keith W Koehler Koehler &amp; Company, P.A. 502 North Armenia Avenue Tampa, FL 33609</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state or monarchical familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: <b>4/25/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LUM, JOHN 2101 W. PLATT STREET #200 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GULUZIAN, ARAM 2101 W. PLATT STREET #200 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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, with a power of attorney.	
SIGNATURE: 	DATE: <b>4/26/05</b> (813) 258-5478