


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90010 038 ***150.00

DOCUMENT # P03000059233		
1. Entity Name SMALL BUSINESS TECHNOLOGIES, INC.		

Principal Place of Business 14 EAST WASHINGTON STREET STE 600 ORLANDO, FL 32801	Mailing Address 14 EAST WASHINGTON STREET STE 600 ORLANDO, FL 32801
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50062863



2. Principal Place of Business 6254 Silver Glen Court Suite, Apt. #, etc.	3. Mailing Address 6254 Silver Glen Court Suite, Apt. #, etc.
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08112005 Chg-P CR2E034 (10/03)

City & State Orlando, Florida Zip 32819 Country USA	City & State Orlando, Florida Zip 32819 Country USA
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4. FEI Number 83-0359740	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 CARSON, E. MICHAEL 14 EAST WASHINGTON STREET STE 600 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name Michael E. Carson Street Address (P.O. Box Number is Not Acceptable) 6254 Silver Glen Court City Orlando FL Zip Code 32819	
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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 of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: E. Michael Carson Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)		DATE 8/19/2005
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, E. MICHAEL 14 EAST WASHINGTON STREET STE 600 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carson, E. Michael 6254 Silver Glen Court Orlando, Florida 32819 <input checked="" 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
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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 all other like empowerments.	
SIGNATURE: E. Michael Carson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 8/19/2005 Daytime Phone # 407-352-0053