


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-23-2005 90003 003 ***150.00

DOCUMENT # P03000077554	
1. Entity Name TAMPA BAY CAPITOL DEVELOPERS INC.	

Principal Place of Business 429 4TH AVE NORTH TIERRA VERDE, FL 33715	Mailing Address 429 4TH AVE NORTH TIERRA VERDE, FL 33715
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2. Principal Place of Business 979 LANDMARK CIRS Suite, Apt. #, etc. Tierra Verde, FL City & State	3. Mailing Address 979 LANDMARK CIRS Suite, Apt. #, etc. Tierra Verde, FL City & State
Zip 33715	Country USA



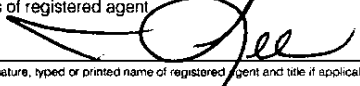
05022005 Chg-P CR2E034 (10/03)

4. FEI Number -APPLIED FOR 20-0149769	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 HUTCHINSON, BRADLEY 429 4TH AVE NORTH TIERRA VERDE, FL 33715	
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7. Name and Address of New Registered Agent Name Paul Lee Street Address (P.O. Box Number is Not Acceptable) 979 LANDMARK CIRS City Tierra Verde FL Zip Code 33715	
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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: 	DATE: 5-3-5

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUTCHINSON, BRADLEY 429 4TH AVE NORTH TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHANIAN, JIM 429 4TH AVE NORTH TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, PAUL 429 4TH AVE NORTH TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES OHANIAN 3265 Maple St N.E. St. Pete, FL 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PAUL LEE 979 LANDMARK CIRS TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE: 	PAUL LEE	DATE: 5-3-5	DAYTIME PHONE #: (727) 866-8598
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #