

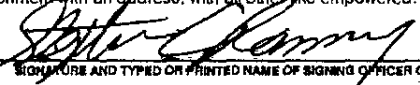


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000078504		
1. Entity Name STEVE'S T.V. INC.		
Principal Place of Business 9300 49TH ST NORTH PINELLAS PARK, FL 33782 US		Mailing Address 9300 49TH ST N PINELLAS PARK, FL 33782 US
		
4. FEI Number 59-3341482		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
RAMSEY, STEPHEN C 1044 57 AVE NORTH ST PETE, FL 33703		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____		
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.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMSEY, STEPHEN C 6550 SHORELINE DR # 7405 SAINT PETERSBURG, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMSEY, MARY A 6550 SHORELINE DR # 7405 SAINT PETERSBURG, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMSEY, MARY A 1044 57 AVE N ST PETE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		7-11-05 727-546-9144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #