2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Feb 07, 2006 8:00 am Secretary of State

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DOCUMENT # P98000014445 1. Entity Name SMALL MONEY MEN, INC.				1961	02-07-2006 90018 038 ***150.00			
10311 BREE	e of Business ZEWAY PLACE I, FL-33428	Mailing Address 10311-BREEZEWAY PLAC BOCA RATON; FL 33428						
	Place of Business	13 ST.						
Suite, Apt.		Suite, Apt. #, etc.		01092006	Chg-P	CR2E034	(11/05)	
City & Stat	be Key, FL.	BOCA RATON, FL.		4. FEI Numbe 65-073				pplied Fo
3304	12 monnoe	33486 (Country PAIN BAHE	5. Certificate	of Status Desired	□ \$8 Fee	3.75 Add e Require	ditional
	6. Name and Address of Current		7. Name and Address of New Registered Agent					
			Name					
SWEENEY, PETER W TUSTI BREEZEWAY PLACE			Street Address (P.O. Box Number is Not Acceptable)					
BOISA RA	ION, FL 33428		1544	SW 1:	3 St.			
				4 RATON		FL	Zip Cod	let /
8. The above	named entity submits this statement	or the purpose of changing its re	raistered office or rec	pistered agent, or bot	h. in the State of Flo	rida. Lam farr	34 riliar with	and ac
the obligat	tions of registered agent	, .		. .	•		,	
SIGNATURE.	Kelen Il	ulences		•	in jordan			
Old HATTONE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE F	Registered Agent algnature re	equired when reinstating)		DATE "		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.			\$5.00 May Be Added to Fees	-			
10.	OFFICERS AND	DIRECTORS	11:	ADDITIONS/	CHANGES TO OFF	ICERS AND DI	RECTOR	S IN 11
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NAME CZDECT ADDOCCO	SWEENEY, PATRICK S		NAME .	•				
STREET ADDRESS CITY-ST-ZIP	440 SCIENCE DR STE 101 MADISON, WI 53711		STREET ADDRESS CITY-ST-ZIP					
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NAME	SWEENEY, PETER W		NAME	I - UU SU	U 13th 6	:T	g onenge	
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CITY-ST-ZIP	GOTTENBERG, NJ-07093		CITY-ST-ZIP	1544 S.U. BOCH RAtor	, F/. 37	3486		
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NAME	BROWN, JEFFREY M		NAME					
STREET ADDRESS CITY+ST-ZIP	750 S DIXIE HWY		STREET ADDRESS					
	BOCA RATON, FL 33432		CITY-ST-ZIP					
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^{12.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.