


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90498 024 \*\*\*150.00

<b>DOCUMENT # P98000028164</b>	
1. Entity Name <b>SMART IDEAS ASSOCIATES, INC.</b>	

Principal Place of Business <b>P.O. BOX 341164 TAMPA, FL 33694</b>	Mailing Address <b>16528 N. Dale Mabry Hwy. 4355 BEARSS AVE TAMPA, FL 33618</b>
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2. Principal Place of Business	3. Mailing Address <b>16528 N. Dale Mabry Hwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01292005 Chg-P CR2E034 (10/03)

City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>33618</b>	Country

4. FEI Number <b>59-3500484</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SANDERS, WALTER <del>3355 BEARSS AVE</del> <b>16528 N. Dale Mabry Hwy</b> TAMPA, FL 33618	
Name <b>Sanders, Walter</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>16528 N. Dale Mabry Hwy</b>	
City <b>Tampa</b>	State <b>FL</b>
Zip <b>33618</b>	Zip Code <b>33618</b>

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 <b>Walter Sanders</b>	<b>Walter Sanders</b>	DATE <b>2/20/05</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

<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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>MILLER, MICHAEL E 11701 Brentford Crest DR 14004 CLUBHOUSE CIRCLE #402 TAMPA, FL 33624 Riverview, FL 33569</b>
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
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	<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
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"/> 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: <b>Michael E. Miller</b>	<b>29 April 2005</b> 813-785-0607
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	