


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000007485 1. Entity Name CLEVELAND PROPERTIES GROUP, INC.	
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Principal Place of Business 3706 W MCKAY AVE TAMPA, FL 33609	Mailing Address POST OFFICE BOX 18405 TAMPA, FL 33679-8405
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DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent GLEASON SAUNDERS, LINDA R 4502 ROSEMERE RD TAMPA, FL 33609	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GLEASON SAUNDERS, LINDA R 4502 ROSEMERE RD. TAMPA, FL 33609	U000000289179 04/06/05-80014-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BIGELOW, WILLIAM L 1200 86TH AVENUE, NORTH ST. PETERSBURG, FL 33702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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: Linda Saunders **LINDA SAUNDERS** **3/31/05** **813/875-5800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #