
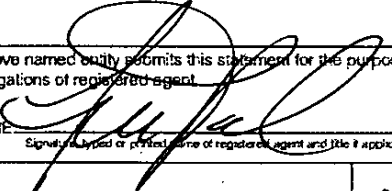
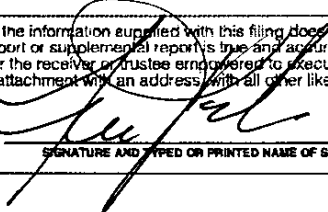


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90971 030 ***150.00

DOCUMENT # P99000031983 1. Entity Name TAMPA BAY AREA MANAGEMENT CORP.					
Principal Place of Business 10 PAPAYA STREET #903 CLEARWATER, FL 33767			Mailing Address 10 PAPAYA STREET #903 CLEARWATER, FL 33767		
2. Principal Place of Business 6360 2nd Palm Point Suite, Apt. #, etc.		3. Mailing Address 6360 2nd Palm Point Suite, Apt. #, etc.			
City & State St. Pete Beach, FL		City & State St. Pete Beach, FL		4. FEI Number 59-3568014	
Zip 33706		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREDES, ANTONIO 10 PAPAYA STREET #903 CLEARWATER, FL 33767			7. Name and Address of New Registered Agent Name Paredes, Antonio Street Address (P.O. Box Number is Not Acceptable) 6360 2nd Palm Point City St. Pete Beach FL Zip Code 33706		
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 4/29/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREDES, ANTONIO 1711 HAMPTON LANE PALM HARBOR, FL 34683		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"/> Delete		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"/> Delete		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"/> Delete		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 reports 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: 			Antonio Paredes Date 4/29/05 Daytime Phone # 7273633262		