2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 23, 2006 08:00 AN DOCUMENT # F49431 **Secretary of State** 1. Entity Name INK-SMITH-SOUTH, INC. Principal Place of Business Mailing Address 1961 W 9TH ST WEST PALM BEACH FL 33404 1961 W 9TH ST WEST PALM BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 36-3153415 Not Applicab Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INK, TIMOTHY A Street Address (P.O. Box Number is Not Acceptable) 5349 CEDAR LAKE RD #12-17 **BOYNTON BEACH FL 33437** City Zip Code 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) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May F. After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THIE ☐ Change TITLE ☐ Delete MARKE INK, TIMOTHY A NAME U00000396100 01/27/06-80019-014 **150.0**0 STREET ADDRESS STREET ADDRESS 5349 CEDAR LAKE RD. #12-17 CITY - ST - ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addison NAME INK, RICHARD K NAME STREET ADDRESS STREET ADDRESS 698 SW 1 CON AVE CITY-ST- RP PT ST LUCIE FL 34953 CITY-ST-7/P Addition. TIME Delete TITL 5 Change NAME INK, PAMELA A NAME STREET ADDRESS STREET ADDRESS 698 SW 1 CON AVE CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL 34953 ☐ Delete Change Additio THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addit, NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Add" NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this high does not qualify for the exemptions contained in Section 119. 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 direction 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 1

K-INK-PRES 1-20-06 561-844-540.

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNATURE: .