


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # H80209 1. Entity Name CHARLES S. SMITH & ASSOCIATES, INC.	
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Principal Place of Business 2000 AVE P UNIT 7 RIVIERA BEACH, FL 33404 US	Mailing Address PO BOX 10178 RIVIERA BEACH, FL 33419 US
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01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1069887	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SMITH, DONNA J 2000 AVE. "P" UNIT #7 P.O. BOX 10178 RIVIERA BEACH, FL 33404	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000910936 05/07/08-80022-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SMITH, DONNA J 2000 AVE "P" UNIT 7 RIVIERA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, MICHAEL S 2000 AVE "P" UNIT 7 RIVIERA BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: Michael S. Smith Date 4-17-08 Daytime Phone # (561) 842-2805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR