2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# P97000082100

Entity Name: DR. KELLY SMITH, INC.

Current Principal Place of Business:

499 N.W. PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

499 N.W. PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0801864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, KELLY L
1001 S.W. CALIFORNIA BLVD.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

SMITH, KELLY L
2045 AVON PARK
PORT ST. LUCIE, FL 34952 US

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.

SIGNATURE: DR. KELLY SMITH 03/15/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: SMITH, KELLY
Address: 1001 SW CALIFORNIA BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP ( ) Delete
Name: VAN GROOTHEEST, CORINE J
Address: 1001 SW CALIFORNIA BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: SMITH, KELLY
Address: 2045 AVON PARK
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP (X) Change ( ) Addition
Name: VAN GROOTHEEST, CORINE J
Address: 2045 AVON PARK
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY SMITH O 03/15/2007
Electronic Signature of Signing Officer or Director Date