2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# 369249

Entity Name: O.E. SMITH'S SONS, INC.

Current Principal Place of Business:

11749 US.S.#1 NORTH
JACKSONVILLE, FL 32219

New Principal Place of Business:

11749 U.S. #1 NORTH
JACKSONVILLE, FL 32219

Current Mailing Address:

11749 US.S.#1 NORTH
JACKSONVILLE, FL 32219

New Mailing Address:

11749 U.S. #1 NORTH
JACKSONVILLE, FL 32219

FEI Number: 59-2629587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAKOFKA, LESTER
LAW EXCHANGE BUILDING
24 NORTH MARKET STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SMITH, SYLVIA E,
Address: 11749 US 1 NORTH
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete
Name: BECK, HELENA,
Address: 9009 HECKSCHER DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: PD ( ) Delete
Name: SMITH, GEORGE O,
Address: 11749 U S 1 N
City-St-Zip: JACKSONVILLE, FL

Title: T ( ) Delete
Name: SMITH, TRACY LYNN,
Address: 201 ARTHUR MOORE DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SMITH, SYLVIA E,
Address: 11749 US 1 NORTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: S (X) Change ( ) Addition
Name: BECK, HELENA,
Address: 9009 HECKSCHER DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: P (X) Change ( ) Addition
Name: SMITH, GEORGE O,
Address: 11749 U S 1 N
City-St-Zip: JACKSONVILLE, FL 32219

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TRACY LYNN SMITH T 01/03/2007

Electronic Signature of Signing Officer or Director — Date