2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# 503724

Entity Name: SMITH & HUDSON INTERIORS, INC.

Current Principal Place of Business:

5003 N 40 ST
101
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

5003 N 40 ST
101
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 59-1686945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDSON, TOD R
7368 14TH STREET SOUTH
SAINT PETERSBURG, FL 33705 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: VTDS ( ) Delete
Name: BROWNRIGG, JAMES
Address: 7366 14TH ST S
City-St-Zip: SAINT PETERSBURG, FL 337056111

Title: CD ( ) Delete
Name: HUDSON, RANDALL,
Address: 17901 POWERLINE RD
City-St-Zip: DADE CITY, FL 33523

Title: PD ( ) Delete
Name: HUDSON, TOD,
Address: 7368 14TH ST S
City-St-Zip: SAINT PETERSBURG, FL 337056111

Title: VP ( ) Delete
Name: BROWNRIGG, JOANNE
Address: 7366 14TH ST S
City-St-Zip: SAINT PETERSBURG, FL 337056111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOANNE BROWNRIGG VP 03/28/2006

Electronic Signature of Signing Officer or Director Date