2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681464

Title:

Name:

Address:

City-St-Zip:

CRAIG A SMITH & ASSOCIATES INC.

FILED Jan 26, 2005 Secretary of State

Entity Name: CRAIG A. SMITH & ASSOCIATES, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
1000 W. MO SUITE 200 POMPANO	CNAB RD. BCH., FL 33	3069			
Current Mailing Address:			New Mailing Address:		
1000 W. MO SUITE 200 POMPANO	CNAB RD. BCH., FL 33	3069			
FEI Number:	59-2010476	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SMITH, CRAIG A. 1000 W MCNAB RD STE 200 POMPANO BCH, FL 33069 US			SMITH, STEPHEN C. 1000 W MCNAB RD STE 200 POMPANO BCH, FL 33069 US		
The above in the State		submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: STEPHEN C. SMITH				01/26/2005	
	Electro	nic Signature of Registered Ager	nt	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SMITH, CRAIG	CEAN BLVD APT 8F	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (SMITH, STEPH 9960 MAJORC BOCA RATON,	A PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (MILITA, M. DAI 36910 3RD ST CANAL POINT,		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHEN C. SMITH SD 01/26/2005

() Delete

SCHRINER, GÉNE R.,

W. PALM BEACH, FL

1975 SOUTH CLUB DRIVE

() Change () Addition