## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 681464** 

Name:

Address:

City-St-Zip:

FILED Mar 22, 2006 Secretary of State

Entity Nar	ne: CRAIG	A. SMITH & ASSOCIATES	, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
SUITE 200	CNAB RD. BCH., FL	33069					
Current Mailing Address:				New Mailing Address:			
SUITE 200	CNAB RD. BCH., FL	33069					
FEI Number:	59-2010476	FEI Number Applied For (	) FEI Nui	mber Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SMITH, ST 1000 W MO STE 200 POMPANO		33069 US					
The above in the State		ty submits this statement for	the purpose o	of changing i	ts register	ed office or registered agent, or both,	
SIGNATUR	RE:						
	Electi	onic Signature of Registere	d Agent			Date	
Election Car	npaign Finand	eing Trust Fund Contribution()					
OFFICERS	S AND DIRE	ECTORS:		ADDITION	S/CHANG	SES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	SD SMITH, STE 9960 MAJOI BOCA RATO	RCA PL		Title: Name: Address: City-St-Zip:	VD SMITH, ST 9960 MAJO BOCA RAT		
Title: Name: Address: City-St-Zip:	VD MILITA, M. E 36910 3RD CANAL POIN	ST.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHRINER,	CLUB DRIVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:		( ) Delete		Title:	S	( ) Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

MCBRIDE, STEPHEN A.,

6001 NW 62 COURT

PARKLAND, FL 33067

SIGNATURE: STEPHEN C. SMITH VD03/22/2006