2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# F04000006081

Entity Name: SMC CAD SERVICES, INC.

Current Principal Place of Business:

170 FORBES ROAD
SUITE 207
BRAINTREE, MA 02184

New Principal Place of Business:

Current Mailing Address:

170 FORBES ROAD
SUITE 207
BRAINTREE, MA 02184

New Mailing Address:

FEI Number: 04-3048170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CP ( ) Delete
Name: HANLEY, KEVIN
Address: 45 CAROLINA TRAIL
City-St-Zip: MARSHFIELD, MA 02050

Title: VST ( ) Delete
Name: AGRESTA, JOSEPH
Address: 5 YORKSHIRE ROAD
City-St-Zip: DOVER, MA 02030

Title: D ( ) Delete
Name: WILLIAMS, JOANN
Address: 5 YORKSHIRE ROAD
City-St-Zip: DOVER, MA 02030

Title: D ( ) Delete
Name: HANLEY, MARJORIE
Address: 45 CAROLINA TRAIL
City-St-Zip: MARSHFIELD, MA 02050

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 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.

SIGNATURE: JOSEPH AGRESTA VST 03/31/2005

Electronic Signature of Signing Officer or Director — Date