2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # F62122 03-23-2006 90004 032 ***150.00 1. Entity Name LAW OFFICES HAROLD D. SMITH, P.A. Principal Place of Business Mailing Address 7003P222 12050 WEDGE DR 12050 WEDGE DR FORT MYERS, FL 33913 FORT MYERS, FL 33913 US 2. Principal Place of Business 3. Mailing Address 8780 Stone Harbour Loop 8780 Stone Harbour Loop Suite, Apt. #, etc. Suite, Apt. #, etc. 03092006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Bradenton, FL 59-2162728 Bradenton, FI Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 34212 34212 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, HAROLD D 12050 WEDGE DR Street Address (P.O. Box Number is Not Acceptable) FORT MYERS, FL 33913 8780 Stone Harbour Loop 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PΝ Delete TITLE X Change Addition SMITH, HAROLD D NAME NAME 12050 WEDGE DR STREET ADDRESS STREET ADDRESS 8780 Stone Harbour Loop CITY-ST-ZIP FORT MYERS, FL 33913 CITY-ST-ZIP Bradenton, FL 34212 ST TITLE Delete TITLE Change Addition SMITH, BETTY J NAME NAME STHEET ADDRESS 12050 WEDGE DR STREET ADDRESS 8780 Stone Harbour Loop CITY-ST-ZIP FORT MYERS, FL 33913 CITY-ST-ZIP Bradenton, FL 34212 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SF-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Mar 23, 2006 8:00 am