2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# F94000002247

Entity Name: BULLOCK, SMITH AND PARTNERS, INC.

Current Principal Place of Business:

306 WEST DEPOT AVE.
SUITE 201
KNOXVILLE, TN 37917

New Principal Place of Business:

Current Mailing Address:

306 WEST DEPOT AVE.
SUITE 201
KNOXVILLE, TN 379177522

New Mailing Address:

FEI Number: 62-1193455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, CHARLES D JR.
513 1/2 AMELIA STREET
ORLANDO, FL 32803 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:	DV	( ) Delete
Name:	ENDSLEY, JOHN W	
Address:	306 WEST DEPOT	
City-St-Zip:	KNOXVILLE, TN 37917	
Title:	DC	( ) Delete
Name:	SMITH, CHARLES D	
Address:	306 WEST DEPOT	
City-St-Zip:	KNOXVILLE, TN 37917	
Title:	DPT	( ) Delete
Name:	WHITE, STEPHEN L	
Address:	300 9TH AVE SOUTH	
City-St-Zip:	KNOXVILLE, TN 37203	
Title:	DV	( ) Delete
Name:	HAUSMAN, CRAIG G	
Address:	300 9TH AVENUE SOUTH	
City-St-Zip:	KNOXVILLE, TN 37203	
Title:	DV	( ) Delete
Name:	HAYES, P. MICHAEL	
Address:	306 WEST DEPOT AVE.	
City-St-Zip:	KNOXVILLE, TN 37917	
Title:	DV	( ) Delete
Name:	FORKNER, DAVID L	
Address:	306 WEST DEPOT AVE.	
City-St-Zip:	KNOXVILLE, TN 37917	

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:	
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: CHARLES D. SMITH DC 02/19/2007

Electronic Signature of Signing Officer or Director — Date