2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # G78509** 1. Entity Name 04-28-2005 90182 016 ***150.00 SMITHBILT INDUSTRIES, INC. Principal Place of Business Mailing Address 1061 HWY 92 W 1061 HWY 92 W 14004185 AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04242005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2456871 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent - - 6. Name and Address of Current Registered Agent Name SMITH, DONALD E. Street Address (P.O. Box Number is Not Acceptable) 1061 HWY 92 WEST AUBURNDALE, FL 33823 City Zip Code FI 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE STD ☐ Delete TITLE ☐ Addition ☐ Change SMITH, JEANETTE K. NAME NAME STREET ADDRESS 1980 BRADBURY RD SW STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, DONALD E. NAME NAME STREET ADDRESS 1980 BRADBURY RD SW STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change ☐ Addition 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 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 signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like proposered. SIGNATURE:

DONALDE. SMHh

FILED