2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 07, 2008 08:00 Al Secretary of State **DOCUMENT # H25448** 1. Entity Name T. E. SMITH, INC. Principal Place of Business Mailing Address P.O. BOX 14-2096 1501 VENERA CORAL GABLES, FL 33134 #320 CORAL GABLES, 33 33146 No Chg-P CR2E034 (11/05) 01152008 Applied For 4. FEI Number Not Applicable 59-2511133 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SMITH, TOM E 7280 SW 53RD AVE IN THIS SPACE MIAMI, FL 33143 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U00000885466 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/18/08-80015-003 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SMITH, TOM E STREET ADDRESS 7330 SW 55TH AVE. CITY-ST-ZIP S. MIAMI, FL 33143 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE . STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED