2008 FOR PROFIT CORPORATION

Mar 31, 2008 08:00 A **ANNUAL REPORT** Secretary of State DOCUMENT # H47896 1. Entity Name PHYLLIS D. SMITH CPA, P.A. Principal Place of Business Mailing Address 1555 U.S. #1 N. 1555 U.S. #1 N. SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 03272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2508305 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, PHYLLIS D DO NOT WRITE 1555 U.S. #1 N. SEBASTIAN, FL 32958 IN THIS SPACE 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees _____U00000874970 04/11/08-80013-024_150.00 OFFICERS AND DIRECTORS 10. PRES TITLE SMITH, PHYLLIS NAME 142 RIDGEMONT CIRCLE SE STREET ADDRESS CITY-\$1-ZIP PALM BAY, FL 32909 TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. It hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Priorie #

FILED