## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J25561

FILED Feb 16, 2009 Secretary of State

Entity Nan	ne: BRAD SM	ITH ASSOCIATES, INC.		•	
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	TERS RD, NW. , FL 32907	US	1682 W. HIBISCUS BLV MELBOURNE, FL 3290		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P. O. BOX W. MELBO	120938 DURNE, FL 329	912 US			
FEI Number:	59-2700201	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
SMITH, BRADLEY A 1567 MASTERS RD NW PALM BAY, FL 32907 US			SMITH, JARED A 1581 MASTERS RD NW PALM BAY, FL 32907	1581 MASTERS RD NW	
The above in the State		ubmits this statement for the p	urpose of changing its registered o	office or registered agent, or both,	
SIGNATURE: JARED A. SMITH				02/16/2009	
	Electroni	c Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SMITH, BRADLE 1567 MASTERS PALM BAY, FL	RD., NW	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST () SMITH, TARA, 1567 MASTERS PALM BAY, FL		Title: ( Name: Address: City-St-Zip:	) Change()Addition	
Title: Name: Address: City-St-Zip:	V () SMITH, JARED, 1581 MASTERS PALM BAY, FL		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name:	V () GIRARD, SCOT	Delete - L	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JARED A. SMITH V 02/16/2009

711 HONEYSUCKLE AVE.

CELEBRATION, FL 34747

Address:

City-St-Zip: