## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2007 8:00 am Secretary of State

| Principal Place of Business   Mailing Address   W.K.LIV SMITH   25.5 CAPANCE AVE, STE 800   ORLANDO, FL 32801 US     | DOCUMENT # J35081  1. Entity Name W. KELLY SMITH, INC. |  |   | (A)             |  | 01-26-2007 90033 046 ***150.00 |                         |                      |                       |  |  |  |
|--|--|--|---|-----------------|--|--------------------------------|-------------------------|----------------------|-----------------------|--|--|--|
| Suite, Apt. #. etc.  | % W. KELLY<br>255 S ORAN                               | SMITH<br>GE AVE, STE 800                             | % W. KELLY SMITH<br>255 S Orange ave, Ste 800 |                 |  | <br>                           |                         |                      | 1014 018/8504 ST 1801 |  |  |  |
| City & State   | 2. Principal P   | lace of Business - No P.O. Box #                     | 3. Mailing Address                            |                 |  |                                |                         |                      |                       |  |  |  |
| 2p   | Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.                           |                 |  | 01232007                       | Chg-P                   | CR2E034 (12          | /06)                  |  |  |  |
| S. Cerrificate of Status Desired   Fee Required  S. Cerrificate of Status Desired   Fee Required  S. Cerrificate of Status Desired   Fee Required  Name   Status   St   | City & State   | •  | City & State                                  |                 |  |                                |                         |                      |                       |  |  |  |
| SMITH, W. KELLY 255 SOUTH ORANGE AVE. STEE 800 ORLANDO, FL 32801    City   FL   Zip Code   | Zip  | Country  | Zip   | Country         |  | 5. Certificate                 | of Status Desired       |                      |                       |  |  |  |
| SMITH, W. KELLY 255 SOUTH ORANGE AVE. STE 800 ORLANDO, FL 32801  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. 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 sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sm familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I sm familiar with, and   |  | 6. Name and Address of Current                       | Registered Agent                              |                 |  |                                |                         |                      |                       |  |  |  |
| 255 SOUTH ORANGE AVE. STE 800 ORLANDO, FL 32801  City FL Zip Code  6. 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, iyend or printer have of registered agent.  FILE MOWILI FEE IS \$150,00 After May 1, 2007 Fee will be \$55.00  9. Election Campaign Financing Trust Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT.  ITILE NAME  SMITT, W. KELLY S | CMITH M  | VELLY  |   | 1               | Name   |                                |                         |                      |                       |  |  |  |
| City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. If am farmiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature. I product promod name of registered agent    | <b>255 SOUT</b>  |  |   |                 | Street Address (P.O. Box Number is Not Acceptable) |                                |                         |                      |                       |  |  |  |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.    Signature   Control   C   |  | , FL 32801   |   |                 |  |                                |                         |                      |                       |  |  |  |
| THE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  INTE   |  |  |   | (               | City   |                                |                         | FL Zip               | Code                  |  |  |  |
| TILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE. SMITH, W. KELLY SIREIT ADDRESS ORLANDO, FL ORL |  |  | r the purpose of changing its                 | registered      | office or register                                 | ed agent, or bo                | th, in the State of Flo | orida. I am familiar | with, and accept      |  |  |  |
| After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   DPT  | SIGNATURE  | Signature, typed or printed name of registered agent | and title if applicable. (NOTE                | : Rogistored Aç | ent signature required                             | when reinstating)              |                         | DATE                 |                       |  |  |  |
| ITILE   DPT  |  |  |   |                 |  |                                |                         |                      |                       |  |  |  |
| TITLE NAME SIRET ADDRESS CITY-ST-ZIP SIRET    | 10.  | OFFICERS AND   | DIRECTORS                                     | 11.             |  | ADDITIONS                      | CHANGES TO OFF          | ICERS AND DIREC      | TORS IN 11            |  |  |  |
| STREET ADDRESS CITY-SI-ZIP ORLANDO, FL  VP Delete NAME BOWDOIN, DOUGLAS STREET ADDRESS CITY-SI-ZIP ORLANDO, FL  VP, ST-ZIP ORLANDO, FL  VP, ST-ZIP ORLANDO, FL  STREET ADDRESS CITY-SI-ZIP ORLANDO, FL  UTILE NAME STREET ADDRESS CITY-SI-ZIP  | TITLE  | DPT  | ☐ Delete                                      | TITLE           |  |                                |                         |                      |                       |  |  |  |
| CITY-SI-ZIP ORLANDO, FL CITY-SI-ZIP ORLANDO, FL 32801    ITILE NAME STREET ADDRESS CITY-SI-ZIP ORLANDORSS CITY-SI-   |  |  |   |                 |  |                                |                         |                      |                       |  |  |  |
| THILE   NAME   BOWDOIN, DOUGLAS   STREET ADDRESS   255 S ORANGE AVE, STE 800   ORLANDO, FL   ORLAN     |  |  |   |                 |  | lando.                         | FI. 32801               | •                    |                       |  |  |  |
| NAME SIREET ADDRESS CITY-ST-ZIP ORLANDO, FL  Delete  D   |  |  | ☐ Delete                                      | <del>-</del>    | - 72   | 14,                            |                         |                      | ange 🗌 Addition       |  |  |  |
| CITY-SI-ZIP ORLANDO, FL CITY-SI-ZIP Orlando, FL 32801  ITTLE NAME SIREEI ADDRESS CITY-SI-ZIP   |  | •  |   |                 |  |                                |                         | <b>A</b>             |                       |  |  |  |
| ITILE NAME STREET ADDRESS CITY-SI-ZIP Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP CITY-SI   |  |  |   | 1               |  | 1 4 .                          | TT 220                  | 0.1                  |                       |  |  |  |
| NAME SIREE ADDRESS CITY-SI-ZIP  IIILE NAME STREET ADDRESS CITY-SI-ZIP  |  | UKLANDO, FL  |   | -               |  |                                | , FL 3280               |                      | ₩1 Augusta            |  |  |  |
| STREET ADDRESS CITY-S1-ZP    Delete  |  |  | L. Delete                                     |                 |  |                                | Cmith                   | L Cal                | HOHIDDA LA SORE       |  |  |  |
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| CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | L_I Gelete                                    |                 |  |                                |                         | Un:                  | ange Aodition i       |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |   |                 |  |                                |                         |                      |                       |  |  |  |
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| CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  |  |  |   |                 |  |                                |                         |                      |                       |  |  |  |
| TITLE TITLE TITLE TITLE TOTAL Addition  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE TITLE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-S1-ZIP   |  |  |   |                 |  |                                |                         |                      |                       |  |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-S1-ZIP   |  | ******   | Пъс   | +               | LIF  |                                |                         | C7 05                | anna Tàddisia-        |  |  |  |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   |  |  | L_1 Delete                                    |                 |  |                                |                         | □ Cn:                | ange L addition i     |  |  |  |
|  | STREET ADDRESS   |  |   | STREET A        |  |                                |                         |                      |                       |  |  |  |
|  |  |  |   |                 |  |                                |                         |                      |                       |  |  |  |

Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida statutes, indicated on this report or suppliements teport 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 and occurate 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 and occurred 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 officer in the receiver of the corporation of the receiver of trustee and the receiver of the corporation of the receiver of trustee and the receiver of the corporation of the receiver of the receiv

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W. Kelly Smith SIGNATURE AND THE OR I NTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07 407-843-7300

Daytime Phone # Date