2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # K08366 1. Entity Name 01-07-2008 90042 002 ***150.00 BRUCE J. SMITH, P.A. Principal Place of Business Mailing Address 2066 14TH AVE 2066 14TH AVE-SUITE 104 SUITE 104 VERO BEACH, FL 32960 WERÓ BEACH, FL 32960 2. Principal Place of Business - No P.O. Box # Mailing Address Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For Beach, FI Vero 65-0027272 Not Applicable Zip Country Country \$8.75 Additional 32960 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, BRUCE J Street Address (P.O. Box Number is Not Acceptable) 2716 10TH AVE VERO BEACH, FL 32960 City 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 life if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, BRUCE J. NAME Please update your records to reflect my correct mailing address. Both the 2007 **2716 10TH AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS and 2008 Annual Report Notice postcords were sent to the CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS incorrect address. I corrected CITY-ST-7IP CITY-ST-ZIP The mailing address in the 2007 Annual Report but this 2008 Report was still sent to the incorrect address. TITLE Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME NAME Thanks, Bruce of STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition 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 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 addres 1/4/08 772-567-5190 SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 07, 2008 8:00 am