2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L03000000035

Entity Name: MARTIN & SMITH ENTERPRISES, LLC

Current Principal Place of Business:

131 WEST BROADWAY ST
SUITE A
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 621860
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 11-3675692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, GEORGE
407 FLATWOOD DRIVE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MARTIN, GEORGE W
Address: 407 FLATWOOD DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM ( ) Delete
Name: SMITH, FRANK
Address: 1910 SUMMER CLUB DR APT 100
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete
Name: MARTIN, PAULA J
Address: 407 FLATWOOD DR
City-St-Zip: WINTER SPRINGS, FL 32708 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, FRANK
Address: 1019 BIRKDALE TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEORGE MARTIN MGRM 04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date