


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 MAY 10 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|--|---|
| DOCUMENT # L09392 | |  |
| 1. Entity Name A.G. SMITH AND ASSOCIATES, INC. | | |

| | |
|---|---|
| Principal Place of Business 2699 SEVILLE BLVD. #703 CLEARWATER, FL 33764 | Mailing Address 2699 SEVILLE BLVD. #703 CLEARWATER, FL 33764 |
|---|---|

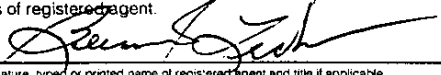
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04272006 REIN-P CR2E098 (11/05)

| | | | |
|--|--|--|--|
| 4. FEI Number 59-2963645 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent LECHNER, BERNARD 2115 RANGE ROAD CLEARWATER, FL 33765 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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  DATE 4-27-06

(NOTE: Registered Agent signature required when reinstating)

| | |
|------------------------------------|--|
| FILE NOW!!! FEE IS \$900.00 | |
|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SMITH, M. CLAUDIA 2699 SEVILLE BOULEVARD, SUITE 703 CLEARWATER, FL 33764 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000075285160 05/25/06--01019--012 **900.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 address, with all other like empowered.

SIGNATURE:  M. Claudia Smith, Pres 4/28/06 727-796-0615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

51760