2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# L29072

Entity Name: SMOKY SHADOWS ESTATES, INC.

Current Principal Place of Business:

3105 BROCKTON WAY
MAGGIE VALLEY, NC 28751 US

New Principal Place of Business:

3105 BROCKTON WAY
TALLAHASSEE, FL 32308 US

Current Mailing Address:

3105 BROCKTON WAY
TALLAHASSEE, FL 32312

New Mailing Address:

3105 BROCKTON WAY
TALLAHASSEE, FL 32308

FEI Number: 59-2976525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, SHIRLEY L.
3105 BROCKTON WAY
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

ALLEN, SHIRLEY L.
3105 BROCKTON WAY
TALLAHASSEE, FL 32308 US

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: _____ 02/05/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: ALLEN, SHIRELEY L.,
Address: 3105 BROCKTON WAY
City-St-Zip: TALLAHASSEE, FL

Title: P ( ) Delete
Name: ELLIOTT, PATRICIA A
Address: 1087 OLD CENTERVILLE RD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change ( ) Addition
Name: ALLEN, SHIRELEY L.,
Address: 3105 BROCKTON WAY
City-St-Zip: TALLAHASSEE, FL

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 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.

SIGNATURE: SHIRLEY L. ALLEN VP 02/05/2009
Electronic Signature of Signing Officer or Director — Date