
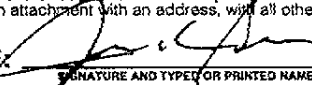


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L78147 1. Entity Name SMALL & ASSOCIATES, INC.			
Principal Place of Business 205 NE 3RD ST 202 BOYTON BCH, FL 33435 US		Mailing Address PO BOX 572 DELRAY BCH, FL 33447-572 US	
DO NOT WRITE IN THIS SPACE			
		04122004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0197193		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHN K. SMALL 205 NE 3RD ST #202 BOYNTON BCH, FL 33435		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U000000122640</div> <div>04/21/04-80036-025 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	PD		
NAME	SMALL, JOHN K		
STREET ADDRESS	205 NE 3RD ST		
CITY- ST- ZIP	BOYNTON BCH, FL 33435		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 		Date 4-13-04 Daytime Phone # 561-738-6333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			