
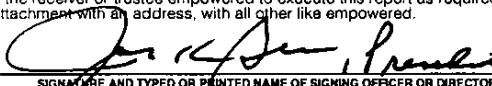


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90218 034 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L78147			
1. Entity Name SMALL & ASSOCIATES, INC.			
Principal Place of Business 205 NE 3RD ST 202 BOYNTON BCH, FL 33435 US		Mailing Address PO BOX 572 P.O. Box 847 DELRAY BCH, FL 33447-572 US BOYNTON BEACH, FL 33425-0897	
2. Principal Place of Business		3. Mailing Address P.O. Box 897	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BOYNTON BEACH, FL	
Zip	Country	Zip	Country
33425-0897	USA		
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHN K. SMALL 205 NE 3RD ST #202 BOYNTON BCH, FL 33435		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMALL, JOHN K 205 NE 3RD ST BOYNTON BCH, FL 33435 <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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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: 4/26/05 561-738-6333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	