2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L99688 FILED 1. Entity Name FLETCHER SMITH INC. 2007 DEC 28 AM 10: 04 Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 7300 N. KENDALL DRIVE 7300 N. KENDALL DRIVE SUITE 542 SUITE 542 MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10222007 Chg-P CR2E034 (12/06) City & State City & State 4. FÉI Number Applied For 65-0217837 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE, FL 32301 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition 900112375439 NAME GUERIN, ERIC L NAME 22RUE DU CARROUSEL, PARC DE LA CIMAI 11/16/07--01024--006 **61.25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VILLENEUVE D'ASCQ, FRANCE, 59666 CITY-ST-ZIP Delete TITLE TITLE Change Addition PERERA, NORMA S. NAME NAME STREET ADDRESS 7300 N. KENDALL DRIVE, SUITE 542 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE 119 Duque Rue Du Carrousgl, Parc De la Cimaise encuve D'Asca, France, 59666 NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-719-Cify-St-7ie TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. rarm SIGNATURE: SIGNATURE AND/TYPED

E. GUERIN

12/20/07