


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # M56522	
1. Entity Name CM SMITH INC.	

Principal Place of Business 6600 CONSTANCE STREET LAKE WORTH, FL 33467	Mailing Address 6600 CONSTANCE STREET LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 41-0720257	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

**SMITH, CAROLYN M.
6737 BRIDLEWOOD COURT
BOCA RATON, FL 33433**

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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 *Carolyn M. Smith* DATE *March 10, 2007*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE DP	NAME SMITH, CAROLYN M.
STREET ADDRESS 6737 BRIDLEWOOD CT.	CITY-STATE-ZIP BOCA RATON, FL 33433
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP

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03/22/07-80023-001 150.00

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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: *Carolyn M. Smith* DATE *March 10, 2007* DAYTIME PHONE # *(954) 205-7587*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR