2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# N07000011755

Entity Name: SMITHFIELD PINES INC.

Current Principal Place of Business:

11998 CRIMSON ROSE CT.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

11998 CRIMSON ROSE CT.
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, LORETTA
11998 CRIMSON ROSE CT.
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PRICHETT, KEN
Address: 8608 SMITHFIELD PLANTATION RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD ( ) Delete
Name: YOUNG, PAUL
Address: 11998 CRIMSON ROSA CT.
City-St-Zip: JACKSONVILLE, FL 32218

Title: STD ( ) Delete
Name: WILLIAMS, LORETTA
Address: 11998 CRIMSON ROSA CT.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BOYD, CHARLES
Address: 6650 SMITHFIELD PLNTN
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD (X) Change ( ) Addition
Name: YOUNG, PAUL
Address: 6614 SMITHFIELD PLNTN
City-St-Zip: JACKSONVILLE, FL 32218

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORETTA WILLIAMS TRES 02/14/2009

Electronic Signature of Signing Officer or Director — Date