


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000001420	
1. Entity Name KAHLEEN SMITH, INC.	

Principal Place of Business 1201 US HWY 1 # 36 NORTH PALM BEACH, FL 33408	Mailing Address 1201 US HWY 1 # 36 NORTH PALM BEACH, FL 33408
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04272006 No Chg-P CR2E034 (11/05)

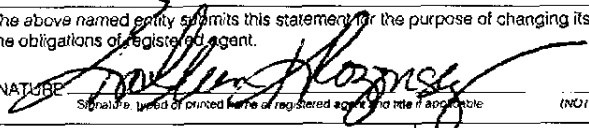
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0976839	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  ROZOWSKY, KAHLEEN 1201 US HWY 1 # 36 NORTH PALM BEACH, FL 33408
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**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  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, or both if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROZOWSKY, KAHLEEN 11680 LAKESHORE PLACE NORTH PALM BEACH, FL 33408
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05/30/06-80001-006 150.00

**DO NOT WRITE  
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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 lines empowered.

SIGNATURE  Date 501-627-4688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #