

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90442 039 ***150.00

DOCUMENT # P00000020408
1. Entity Name G.A. Smoke Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 284 Six Pence Rd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 276 Suite, Apt. #, etc.	
City & State Killen, AL		City & State Leonardo, NJ	
Zip 35645	Country USA	Zip 07737-0276	Country USA

4. FEI Number 91-2026001	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Debora Reher	
Street Address (P.O. Box Number is Not Acceptable) 2311 Rogers Rd.	
City Lakeland	State FL
Zip Code 33813	

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**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

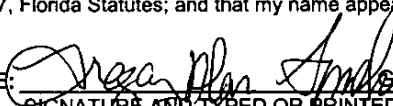
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE PD	NAME Gregary A. Smoke	TITLE	NAME
STREET ADDRESS 284 Six Pence Rd.	CITY-ST-ZIP Killen, AL 35645	STREET ADDRESS	CITY-ST-ZIP
TITLE STD	NAME Debora C. Reher	TITLE	NAME
STREET ADDRESS 41A Center Ave.	CITY-ST-ZIP Leonardo, NJ 07737	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Gregory A. Smoke, President** **4-16-06** **256-627-6521**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**