2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000045786

1. Entity Name

ROBB SMITH PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

5241 96TH TERRACE PINELLAS PARK, FL 33782 P.O. BOX 2928

PINELLAS PARK, FL 33780

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90069 047 ***150.00

40001000



01282007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3642662

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

| 6 | Name | and | Addres | s of Cur | rent Rec | nistered | Agent |
|---|------|-----|--------|----------|----------|----------|-------|

BACON, DAVID A ESQ 2959 1ST AVE N ST PETERSBURG, FL 33713

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 | | | | | | | | | |
| FILE NOMILL FEE 13 3 130.00 | | 9. Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, ROBBIE D <u>5241-96TH-TERRACE</u> 8440 59 PINELLAS PARK, FL 19378 2 337 | 146 LN & | | | | | | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | | | | | | | |
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| 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental control is true and accurate and that my signature shall have the same legal offect as if made under path; that I am an efficie or of discrete | | | | | | | | | |

indicated on this report or supplemental report is true and accuse 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 employeered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07

727-531-8880

Daytime Phone #