2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 27, 2005 8:00 am Secretary of State

Daytime Phone #

Name and Address Name and Address Suite, April #, sile	DOCUMENT # P00000102576 1. Entity Name JH SMITH ENTERPRISES, INC.								i.	04-27-2005	90278 00	l ***150.0	O	
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Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligations for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for gristered agent, or both, in the State of Florida. I am familiar with, and accept the obligation for gristered agent, or both, in the State of Florida. I am familiar with, and accept the substance of gristered agent, or both, in the State of Florida. I am familiar with, and accept the substance of gristered f	Zip	Country												
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B. 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 SUMMAN SULVA SAND PART SURPLINES	115-15TH AVE. NE													
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