
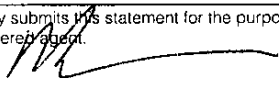
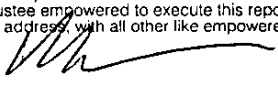


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90150 044 \*\*\*150.00

<b>DOCUMENT # P00561</b> 1. Entity Name <b>PAUL R. SMITH, UNDERWRITING, INC.</b>																													
Principal Place of Business <b>2240 BELLEAIR ROAD SUITE 160 CLEARWATER, FL 33764 US</b>			Mailing Address <b>2240 BELLEAIR ROAD SUITE 160 CLEARWATER, FL 33764 US</b>																										
2. Principal Place of Business <b>1250 S. Belcher Road</b> Suite, Apt. #, etc. <b>Suite 160</b>		3. Mailing Address <b>1250 S. Belcher Road</b> Suite, Apt. #, etc. <b>Suite 160</b>																											
City & State <b>Largo, FL</b> Zip <b>33771</b>		City & State <b>Largo, FL</b> Zip <b>33771</b>		Country <b>USA</b>																									
Country <b>USA</b>		4. FEI Number <b>58-1537536</b>																											
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																											
6. Name and Address of Current Registered Agent  <b>O'CONNOR, PATRICK M ESQ 2240 BELLEAIR ROAD SUITE 160 CLEARWATER, FL 33764</b>			7. Name and Address of New Registered Agent Name <b>O'Connor, Patrick M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1250 S. Belcher Road</b> Suite <b>Suite 160</b> City <b>Largo</b>																										
State <b>FL</b>			Zip Code <b>33771</b>																										
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:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>4/8/05</b>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PTSD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>O'CONNOR, PATRICK M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2240 BELLEAIR ROAD, SUITE 160</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33764</td> <td></td> </tr> </table>			TITLE	PTSD	<input type="checkbox"/> Delete	NAME	O'CONNOR, PATRICK M		STREET ADDRESS	2240 BELLEAIR ROAD, SUITE 160		CITY-ST-ZIP	CLEARWATER, FL 33764		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PTSD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>O'Connor, Patrick M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1250 S. Belcher Road, Suite 160</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Largo, FL 33771</td> <td></td> </tr> </table>			TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	O'Connor, Patrick M.		STREET ADDRESS	1250 S. Belcher Road, Suite 160		CITY-ST-ZIP	Largo, FL 33771	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>4/8/05</b>																													