2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005980

Entity Name: M.B. SMITH, INC

FILED Mar 15, 2009 Secretary of State

| Littly Na | IIIE. IVI.D. SIVII | TH, INC. | | |
|---|--|--------------------------------|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | |
| 2507 BOR LUTZ, FL | DEAUX WAY 33559 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| 2507 BOR LUTZ, FL | DEAUX WAY 33559 | | | |
| FEI Number | : 59-3699232 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| SUITE 170 TAMPA, F | KENNEDY BO 00 L 33602 US e named entity | | purpose of changing its registere | d office or registered agent, or both, |
| | e of Florida. | | | |
| SIGNATU | | nic Signature of Registered Ag | ent | Date |
| Election Ca | | g Trust Fund Contribution (). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (SMITH, BRUCE 2507 BORDEA LUTZ, FL 335 | UX WAY | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | SMITH, MICHA | N CLOVER LANE | Title: Name: Address: City-St-Zip: | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE SMITH D 03/15/2009