2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 07, 2008 08:00 A Secretary of State DOCUMENT # P01000049633 1. Entity Name E.J. SMITH, INC. Principal Place of Business Mailing Address 2557 NURSERY RD 40 FOXFIRE LANE OLDSMAR FL 34677 SUITE D CLEARWATER FL 33764 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 59-3727005 Not Applicable Zip Country $Z_{1}p$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 2557 NURSERY RD STE 2D CLEARWATER FL 33764 City 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, typod or printed harm of agustinged agent aim the Europi cable fNOTE. Registered Agent signature required when reliebblings DATE FILE NOW III FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! E TITLE ☐ Addition ☐ Deicte ☐ Change NAME SMITH, EDWARD J NAME U000000883338 40 FOXFIRE LANE STREET ADDRESS STREET ADDRESS 04/16/08-80077-009 150.00 CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZBP TITLE ☐ Derete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY+ST-ZIP TITLE ☐ Deiete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empoweled 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.

04.03-08

Dayt me Phone #