

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073699

Entity Name: SMIGELS CORP.

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

2655 EAST BAY DR
SUITE 11
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

765 OBERLIN DRIVE
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 04-3697806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMIGELS, TIM
765 OBERLIN DRIVE
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

SMIGELS, TIMOTHY B DPT
765 OBERLIN DRIVE
CLEARWATER, FL 33765 US

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.

SIGNATURE: TIMOTHY B. SMIGELS

04/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: TIMOTHY, SMIGELS
Address: 765 OBERLIN DRIVE
City-St-Zip: CLEARWATER, FL 33765

Title: DVS () Delete
Name: SMIGELS, BARBARA
Address: 765 OBERLIN DRIVE
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: TIMOTHY, SMIGELS B DPT
Address: 765 OBERLIN DRIVE
City-St-Zip: CLEARWATER, FL 33765

Title: DVS (X) Change () Addition
Name: SMIGELS, BARBARA J DVS
Address: 765 OBERLIN DRIVE
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY B. SMIGELS

DPT

04/03/2006

Electronic Signature of Signing Officer or Director

Date