2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2007
Secretary of State

DOCUMENT# P02000098129

Entity Name: SMITHERS BUSINESS INVESTMENTS, INC.

Current Principal Place of Business:

2151 WELLS AVENUE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

2151 WELLS AVENUE
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 22-3870676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITHERS, ROBERT L
2151 WELLS AVENUE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SMITHERS, JASON R	
Address:	7236 SHEPHARD STREET	
City-St-Zip:	SARASOTA, FL 34243	
Title:	VP	( ) Delete
Name:	SMITHERS, ROBERT L	
Address:	2151 WELLS AVENUE	
City-St-Zip:	SARASOTA, FL 34235	
Title:	VP	( ) Delete
Name:	GORMAN, MICHAEL D	
Address:	3872 NOTTINGHAM CIRCLE	
City-St-Zip:	SARASOTA, FL 34202	
Title:	ST	( ) Delete
Name:	SMITHERS, ALICE C	
Address:	2151 WELLS AVENUE	
City-St-Zip:	SARASOTA, FL 34232	
Title:	VP	( ) Delete
Name:	JONES, RONALD	
Address:	16110 WATERLINE ROAD	
City-St-Zip:	BRADENTON, FL 34202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ROBERT L SMITHERS VP 04/15/2007

Electronic Signature of Signing Officer or Director — Date