


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90139 016 ***150.00

DOCUMENT # P02000116481	
1. Entity Name SMILEY HOMES CORPORATION	

Principal Place of Business 6095-2ND AVE SOUTH GULFPORT, FL 33707 US	Mailing Address 3773 CENTRAL AVE. SAINT PETERSBURG, FL 33713 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 55368	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST PETERSBURG FL	
Zip 33732	Country USA		



02232007 Chg-P CR2E034 (12/06)

4. FEI Number 55-0804198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WINEBRENNER, JACK M 3773 CENTRAL AVENUE ST PETERSBURG, FL 33713		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 8950 Dr Martin Luther King St North	
		Suite 130	
		City St Petersburg	FL Zip Code 33702

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.

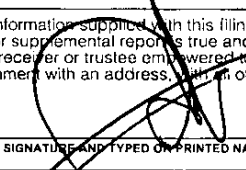
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 an other like empowered.

SIGNATURE:  **Ariel Bergerman** **2/27/07** **727/327-1256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #