


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90426 010 ***150.00

DOCUMENT # P03000053179	
1. Entity Name SMOOTH CAPITAL MORTGAGE INC.	

Principal Place of Business 407 WEKIVA SPRINGS RD., #104 LONGWOOD, FL 32779	Mailing Address 407 WEKIVA SPRINGS RD., #104 LONGWOOD, FL 32779
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40060367



2. Principal Place of Business 407 WEKIVA SPRINGS RD.	3. Mailing Address 407 WEKIVA SPRINGS RD.
Suite, Apt. #, etc. 241	Suite, Apt. #, etc. 241

04072006 Chg-P CR2E034 (11/05)

City & State LONGWOOD FL	City & State LONGWOOD FL
Zip 32779	Zip 32779
Country SEMINOLE	Country SEMINOLE

4. FEI Number 06-1695075	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TIME, JUSTIN 407 WEKIVA SPRINGS RD., #104 LONGWOOD, FL 32779	7. Name and Address of New Registered Agent Name TIME, JUSTIN Street Address (P.O. Box Number is Not Acceptable) 407 WEKIVA SPRINGS RD SUITE #241 City LONGWOOD FL Zip Code 32779
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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 Justin Time, President <small>(Signature, typed or printed name of registered agent and title if applicable)</small>	DATE 4-13-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PSD TIME, JUSTIN 407 WEKIVA SPRINGS RD., #104 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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 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 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 all other like empowered.

SIGNATURE: Justin Time <small>(Signature and typed or printed name of signing officer or director)</small>	Date 4-13-06	Daytime Phone # 407-869-9191
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