2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# P03000116878

Entity Name: HAROLD SMITH, INC.

Current Principal Place of Business:

333 8TH STREET
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

1715 HODGES BLVD
2319
JACKSONVILLE, FL 32224

Current Mailing Address:

333 8TH STREET
ATLANTIC BEACH, FL 32233

New Mailing Address:

1715 HODGES BLVD
2319
JACKSONVILLE, FL 32224 US

FEI Number: 02-0710404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, HAROLD A
333 8TH STREET
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

SMITH, HAROLD A
1715 HODGES BLVD
2319
JACKSONVILLE, FL 32224 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: 01/10/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, HAROLD A
Address: 333 8TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T ( ) Delete
Name: SMITH, HAROLD A
Address: 333 8TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S ( ) Delete
Name: SMITH, HAROLD A
Address: 333 8TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, HAROLD A
Address: 1715 HODGES BLVD #2319
City-St-Zip: JACKSONVILLE, FL 32224

Title: T (X) Change ( ) Addition
Name: SMITH, HAROLD A
Address: 1715 HODGES BLVD #2319
City-St-Zip: JACKSONVILLE, FL 32224

Title: S (X) Change ( ) Addition
Name: SMITH, HAROLD A
Address: 1715 HODGES BLVD #2319
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HAROLD A SMITH P 01/10/2005
Electronic Signature of Signing Officer or Director — Date