

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90220 031 ***158.75

DOCUMENT # P03000130615					
1. Entity Name SMYTH BUILDERS INC.					
Principal Place of Business 1502 SEAWAY DRIVE APARTMENT #9 FT. PIERCE, FL 34949 US			Mailing Address P.O. BOX 13088 FT. PIERCE, FL 34979 US		
2. Principal Place of Business 658 2nd Street		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Pierce FL 34950		City & State		4. FEI Number 52-2391475	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEFFENS, SUSAN M 18905 ORANGE AVE. FT. PIERCE, FL 34945			7. Name and Address of New Registered Agent Name: Susan Steffens Street Address (P.O. Box Number is Not Acceptable): 10001 Blue Field Rd City: Okeechobee FL Zip Code: 34972		
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: <u>Susan Steffens</u> 1-22-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SMYTH, HAROLD STREET ADDRESS 1502 SEAWAY DRIVE CITY-ST-ZIP FT. PIERCE, FL 34945	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME STEFFENS, SUSAN M STREET ADDRESS 18905 ORANGE AVE CITY-ST-ZIP FT. PIERCE, FL 34945	<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 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: <u>Susan Steffens</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-22-06</u> 772-201-9236 <small>Daytime Phone #</small>		