2007 FOR PROFIT CORPORATION

SIGNATURE:

FILED ANNUAL REPORT Apr 25, 2007 08:00 A Secretary of State **DOCUMENT # P03000140643** 1. Entity Name WARREN SMITH, INC. Principal Place of Business Mailing Address 916 WI HATCHETT ROAD 916 WI HATCHETT ROAD LAMONT, FL 32336 LAMONT, FL 32336 CR2E034 (11/05) 04162007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0134315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, WARREN DO NOT WRITE 916 W J HATCHETT RD. LAMONT, FL 32336 IN THIS SPACE 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSD TITLE NAME SMITH, WARREN STREET ADDRESS 916 WJ HATCHETT RD LAMONT, FL 32336 CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 000000731546 05/09/07-80009-019 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

NAME OF RIGHING OFFICER OR DIRECTOR

Daytime Phone #