2006 FOR PROFIT CORPORATION

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-01-2006 90433 024 ***150.00 DOCUMENT # P04000087287 1. Entity Name BRIAN SMALLWOOD, P.A. Principal Place of Business Mailing Address 3517 CEITUS PARKWAY 3517 CEITUS PARKWAY CAPE CORAL, FL 33991 CAPE CORAL, FL 33991 04252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4 FEI Number 55-0870360 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMALLWOOD, BRIAN K DO NOT WRITE 3517 CEITUS PARKWAY CAPE CORAL, FL 33991 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE SMALLWOOD, BRIAN NAME STREET ADDRESS 3517 CEITUS PARKWAY CITY-ST-ZIP CAPE CORAL, FL 33991 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied upon the corporation of the corpora ther like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

w" (")

FILED