## 2006 FOR PROFIT CORPORATION

## May 03, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000087346** 1. Entity Name SMITH MARKETING AND ADVERTISING, INC. Principal Place of Business Mailing Address 3045 NORTH FEDERAL HWY #46 3045 NORTH FEDERAL HWY #46 40081437 FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 05012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1185545 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SMITH, STEPHEN P DO NOT WRITE 3045 N FEDERAL HWY #46 IN THIS SPACE FT LAUDERDALE, FL 33306 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 10. OFFICERS AND DIRECTORS TITLE NAME SMITH, STEPHEN P STREET ADDRESS 3045 NORTH FEDERAL HWY #46 CITY-ST-ZIP FT LAUDERDALE, FL 33308 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

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 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED