



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000142380 1. Entity Name SMILING TIKI CORP.					
Principal Place of Business 26500 ANGELICA ROAD PUNTA GORDA, FL 33955 US			Mailing Address 26500 ANGELICA ROAD PUNTA GORDA, FL 33955 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

FILED

05 SEP 19 PM 2:31

SECRET STATE
TALLAHASSEE, FLORIDA

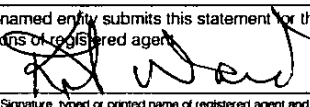


07062005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1764984		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WARD, KIA 26500 ANGELICA ROAD PUNTA GORDA, FL 33955		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	

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: 
Signature, typed or printed name of registered agent and title if applicable.

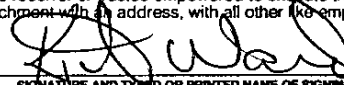
KIA Ward
(NOTE: Registered Agent signature required when reinstating)

9-1-05
DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete WARD, KIA 26500 ANGELICA ROAD PUNTA GORDA, FL 33955	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: large;"> 300059748833 09/19/05--01058--020 **150.00 </div>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 (do) empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kia Ward

9-1-05 **941-916-2777**
Date Daytime Phone #