


2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/11/2005-90119-026-S150.00-S150.00

FILED

05 SEP -8 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000173600			
1. Entity Name SMITH'S & ASSOCIATES DEVELOPMENT CORPORATION INTERNATIONAL, INC.			
Principal Place of Business 2901 W. OAKLAND PARK BLVD., STE. B-18 OAKLAND PARK, FL 33309		Mailing Address 2901 W. OAKLAND PARK BLVD., STE. B-18 OAKLAND PARK, FL 33309	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> 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 VOGE, ALLAN 1825 NE 45TH STREET, SUITE 228 FT. LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name: Kenneth Z Smith, Dr. Street Address (P.O. Box Number is Not Acceptable): 2901 W Oakland Pk. Blvd. # B-18 Oakland Pk FL 33309	
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: <i>[Signature]</i> R/A chg Filed 7/8/05 DATE: _____ <small>Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent Signature required when specifying.</small>			
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 a. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PCEO SMITH, KENNETH DR.PHD 2901 W. OAKLAND PARK BLVD., STE. B-18 OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST SMITH, PRISCILLA 2901 W. OAKLAND PARK BLVD., STE. B-18 OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 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 807, 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: <i>[Signature]</i> Kenneth Smith		Date: 7-8-05 954-735-2121	

Priscilla gave permission to correct document -