

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000004872

Entity Name: SMOOTH VARIATIONS, INC.

FILED
Feb 16, 2006
Secretary of State

Current Principal Place of Business:

1808 NE 351 HWY
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

PO BOX 1992
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 20-2090322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOSH, JR., SIDNEY
1808 NE 351 HWY
CROSS CITY, FL 32628 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DOSH, JR., SIDNEY
Address: 1808 NE 351 HWY
City-St-Zip: CROSS CITY, FL 32628

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Change (X) Addition
Name: DOSH, MARGERY A
Address: 252 NE 2ND COURT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DVP () Change (X) Addition
Name: DOSH, LOUIS R
Address: 4505 SE 15TH ST
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIDNEY DOSH, JR.

DP

02/16/2006

Electronic Signature of Signing Officer or Director

Date