2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90292 043 ***150.00

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1. Entity Name
SMITH & SMITH CORPORATION

Principal Place of Business
22310 SW 109 AVE.
MIAMI, FL 33170

Mailing Address
22310 SW 109 AVE.
MIAMI, FL 33170

01112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 10020 SW 224St
Suite, Apt. #, etc.: 202
City & State: Miami, FLORida
Zip: 33190 Country: USA

3. Mailing Address: 10020 SW 224St
Suite, Apt. #, etc.: 202
City & State: Miami, FLORIDA
Zip: 33190 Country: USA

4. FEI Number: 35-2254675 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, ROSCOE
22310 SW 109 AVE.
MIAMI, FL 33170

7. Name and Address of New Registered Agent
Name: Vincent Smith
Street Address (P.O. Box Number is Not Acceptable): 10020 SW 224St apt# 202
City: Miami FL Zip Code: 33190

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: Vincent Smith / Vincent Smith Pres. 4/02/06
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D — ☑ Delete	TITLE	President — ☐ Change ☑ Addition
NAME	SMITH, ROSCOE	NAME	Vincent Smith
STREET ADDRESS	22310 SW 109 AVE.	STREET ADDRESS	10020 SW 224 St
CITY-ST-ZIP	MIAMI, FL 33170	CITY-ST-ZIP	Miami, Florida 33190
TITLE	☐ Delete	TITLE	DIRECTOR — ☐ Change ☑ Addition
NAME		NAME	Bryant Smith
STREET ADDRESS		STREET ADDRESS	PO BOX 143054
CITY-ST-ZIP		CITY-ST-ZIP	Gainesville Florida 32614
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 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: Roscoe Smith Roscoe Smith — 4/02/06 — 786-319-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #