FILED Feb 27, 2006 8:00 am Secretary of State 02-01-2006 90011 011 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

DOCUMENT # P05000092246 1. Entity Name S.M.O.E., INC.							02-01-200	0 20011	011	130.00
Principal Place of Business 1026 HARBOR PINES DR. MERRITT ISLAND, FL 32952			Meiling Address 1026 HARBOR PINES DR. MERRITT ISLAND, FL 32952			reawaga Ir	660028		S. (rink erik) i i in	 127 (1) (1094
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01052006	Chg-P	CR2E03	4 (11/05)		
City & State			City & State		4. FEI Numb		143	<u>}</u> ————	plied For I Applicable	
Zip	Country		Zlp Coun		ntry	5. Certificate	of Status Desired		8.75 Add ea Require	
	6. Name	and Address of Current	- Name	7. Name and	Address of New R		gent			
POINTEK, LYNNE S 1026 HARBOR PINES DR. MERRITT ISLAND, FL 32952						Street Address (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code		
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 Signalue, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithm registering) DATE										and accept
FILE NOWIT: FEE IS \$150.00 After May 1, 2006 Pee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	Ď	OFFICERS AND		11.		ADDITIONS.	CHANGES TO OFFI			
TITLE HAME STREET ADDRESS CITY-ST-ZIP	POINTER 1026 HAF	I, LYNNE S RBOR PINES DR. ISLAND, FL 32952	☐ Deleta		·				☐ Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Deleta		-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP			☐ Celete					_	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		· .				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		-				Change	Addition
indicated of the co	on this reportion or I	or supplemental report in the receiver or trustee emplement with an address.	h the tiling does not qualify in the and accurate and that owered to execute the fepowered with all other like empowered	my signa il as requ d.	ture shall have the ired by Chapter 60:	same legal eller 7, Florida Statuli	ct as if made under o es; and that my name	appears in	n an officer Block 10 or	Block 11 if



Affachners 3

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2006

S.M.O.E., INC. 1026 HARBOR PINES DR. MERRITT ISLAND, FL 32952

Subject: S.M.O.E., INC.

Reference Number:

P05000092246

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION