


FILED  
Aug 25, 2006 8:00 am  
Secretary of State

02-28-2006 90013 011 \*\*\*150.00

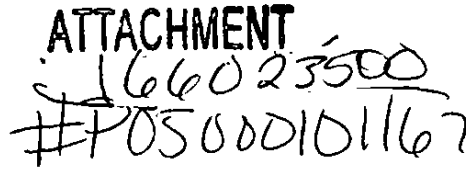
2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P05000101167			
1. Entity Name VIVIANNE V. SMITH & ASSOCIATES, INC.			
Principal Place of Business 385 N POINT RD #502 OSPREY, FL 34229		Mailing Address 385 N POINT RD #502 OSPREY, FL 34229	
2. Principal Place of Business <i>same as above</i>		3. Mailing Address <i>same as above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3210822		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, VIVIANNE V. Vivienne 385 N POINT RD #502 OSPREY, FL 34229		7. Name and Address of New Registered Agent Name: Smith, Vivienne V. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Vivienne V. Smith</i> DATE: <i>8/24/06</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$180.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Vivienne V. Smith</i> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Vivienne V. Smith</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Vivienne V. Smith</i> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Vivienne V. Smith</i> <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 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 file 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 over the empowered.			
SIGNATURE: <i>Vivienne V. Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>8/24/06</i> Phone: <i>941-918-0390</i>	

66023500



02242006 Chg-P CR2E034 (11/05)



CheckAmt: 150.00  
TransCode:51  
AccountNum:4762  
TrRoutNum:63114690  
SerialNum:1167  
ProcDate:3/6/2006  
CapturDate:0  
ItemSeqNum:163194851  
CHKOF4:0  
CHKOF6:0

163194851 03-06-06 00 998

0134238295  
03062006  
0630-0019-9  
ENT=2170 TRC=2263 PK=19

FEB 28 2006

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT. # 1009066706

BANK OF AMERICA NA  
00630000470 03168 Y01

CHECK AMT: 150.00  
TRANS CODE: 51  
ACCOUNT NUM: 4762  
TR ROUT NUM: 63114690  
SERIAL NUM: 1167  
PROC DATE: 3/6/2006  
CAPTURE DATE: 0  
ITEM SEQ NUM: 163194851  
CHK OF 4: 0  
CHK OF 8: 0

ATTACHMENT 66023500  
**VIVIENNE V. SMITH & ASSOCIATES**  
Marketing, Sales and Business Development  
385 North Point Road • Unit 502  
Osprey, FL 34229

August 15, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Reference Number: P05000101167

To Whom It May Concern:

Here is a completed filing that you requested on my SubChapter S Corporation. Quite honestly, I did not understand what was needed, as you can see from the attachment I had sent in, thinking it was only my Tax ID Number that was required. Fortunately, my accountant corrected me on this.

I have filled in the information on the attached form: I am President and also Secretary of my corporation and the address of business is the same on the form attached as I have indicated. I have paid the \$150.00 already, but because I didn't understand you needed me to fill in the President and Secretary as officers, I sent it back with the Tax ID Number instead, thinking that was what was missing.

My apologies also for the late reply. I have had both an elderly aunt (who subsequently passed away) and my husband in the hospital making the last few months a nightmare.

Thank you for your consideration of my request. Please let me know if this filing is complete and if anything else is missing.

Very Truly Yours,

*Vivienne Smith, President & Secretary*  
Enclosure