

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90149 031 ***150.00

DOCUMENT # P05000120021 1. Entity Name SMITH EMU INC.																											
Principal Place of Business 1318 DEL PINE DRIVE NORTH FORT MYERS, FL 33903 US		Mailing Address 1318 DEL PINE DRIVE NORTH FORT MYERS, FL 33903 US																									
2. Principal Place of Business 1318 Del Pine St Suite, Apt. #, etc. Cape Coral FL City & State 33909 USA Zip Country		3. Mailing Address 1318 Del Pine St Suite, Apt. #, etc. Cape Coral FL City & State 33909 USA Zip Country																									
4. FEI Number 02-0766429		<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 SMITH, AIMEE M 1318 DEL PINE DR NORTH FORT MYERS, FL 33903		7. Name and Address of New Registered Agent Name Aimee M Smith Street Address (P.O. Box Number is Not Acceptable) 1318 Del Pine St Cape Coral City FL Zip Code 33909																									
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 <u><i>Aimee Smith</i></u> 3/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 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																									
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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 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: <u><i>Aimee Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/6/06 239-458-2540 <small>Date Daytime Phone #</small>																									