2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 27, 2007 08:00 All Secretary of State **DOCUMENT # P05000163395** 1. Entity Name BARRY M. SMITH, P.E., INC. Principal Place of Business Mailing Address **561 LAKEHAVEN CIRCLE 561 LAKEHAVEN CIRCLE** ORLANDO, FL 32828 ORLANDO, FL 32828 No Chg-P CR2E034 (11/05) 04242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4006027 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, BARRY M DO NOT WRITE 561 LAKEHAVEN CIRCLE ORLANDO, FL 32828 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS TITLE SMITH, BARRY M NAME 561 LAKEHAVEN CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TITLE NAME : STREET ADDRESS