## 2008 FOR PROFIT CORPORATION

FILED May 02, 2008 8:00 am Secretary of State

ANNUAL REPORT					05-02-2008 90161 037 ***150.00					
DOCUMENT # P07000046824										
1. Entity Harne										
SMITH'S CUSTOM CREATIONS, INC.										
Principal Plac	e of Rusiness	Mailing Address			gr d					
311 SOUTH MISSOURI AVE. 311 SOUTH MISSOURI AV		F								
CLEARWATER, FL 33756 CLEARWATER, FL 33756				.						
						FII) <b>I                                 </b>				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1207 COURT ST 1207 COURT			r 37							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03242008	Chg-P	CR2E	034 (12/06)		
CLEARWATER FL		CLEARWATER FL			4. FEI Number 26-0	401298	,		plied For t Applicable	
Zip Country 33756 USA		Zip Country USA				f Status Desired		\$8.75 Add		
6. Name and Address of Current Registered Agent Name					7. Name and A	Address of New R	egistered	Agent		
MCFARLAND, DONALD O										
311 SOUTH MISSOURI AVE. CLEARWATER, FL 33756				Street Address (P.O. Box Number is Not Acceptable)						
							FL	Zip Code	<del></del>	
O. The phase agreed with white the second se				ranists:	ad agent or heat	in the Clate of Cl-		• '		
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 Signature, typed or printed name of registered agent and title it approache. (NOTE: Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib			00 May Be ad to Fees					
10.	OFFICERS AND (	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND	DIRECTORS	S IN 11	
TITLE	PSTD	☐ Delete	TITLE					Change	Addition	
NAME	SMITH, NORRIS		NAME	749	MAUEA	R CIRCLE	- N			
STREET ADDRESS CITY-ST-ZIP	311 SOUTH MISSOURI AVE. CLEARWATER, FL 33756		STREET ADDRESS CITY-ST-ZIP	201	M HALB	OR FL .	3+68.	3		
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CITY-ST-ZIP			CITY-ST-ZIP	· • ·						
TITLE		Delete	TITLE					☐ Change	☐ Addilion	
NAME STREET ADDRESS			name. Street address							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE	7	☐ Delete	TITLE					☐ Change	Addition	
NAME -			NAME							
STREET ADDRESS		İ	STREET ADDRESS							
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CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip						.	
•	partify that the information supplied with	this filling does not qualify for the	L	notaiona	in Chapter 110	Florida Statutos 1	further cor	tifu that the in	formation	
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 emportered.										
SIGNATURE: 430 08 727-461-5550										