2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000007869

Entity Name: W.L. SMITH & ASSOCIATES CONSULTING, INC.

FILED May 01, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1517 EAST 31ST AVE. 1801 HILLSIDE DR. TAMPA, FL 33610 TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 1517 EAST 31ST AVE. 1801 HILLSIDE DR TAMPA, FL 33610 TAMPA, FL 33610 FEI Number: 36-4648347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, WALTER LII 1801 HILLSIDE DRIVE TAMPA, FL 33610 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:**

Title:

SMITH, WALTER L II Name: 1801 HILLSIDE DRIVE Address: City-St-Zip: TAMPA, FL 33610 US

Title: VΡ

Name: SMITH, ANDRE

1940 CYPRESS STREET Address: TAMPA, FL 33606 US City-St-Zip:

Title: VΡ

STEPHENS, ROBERT D Name: P.O. BOX 2175 Address: City-St-Zip: MANGO, FL 33550 US

Title: ADV

GORDON, SALESIA Name: Address: 2504 EAST 12TH AVENUE City-St-Zip: TAMPA, FL 33606 US

Title: ADV

Name: SHAW, GERALDINE W Address: 2504 EAST 12TH AVENUE City-St-Zip: TAMPA, FL 33606 US

Title: ADV

Name: SMITH, WALTER L Address: 1940 CYPRESS STREET City-St-Zip: TAMPA, FL 33606 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALTER L. SMITH, II Ρ 05/01/2011