

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90074 017 ***150.00

DOCUMENT # P16769 1. Entity Name SMITTY SPORTS, INC.					
Principal Place of Business 4126 Hylan Blvd. STATEN ISLAND, NY 10308			Mailing Address 4126 Hylan Blvd. STATEN ISLAND, NY 10308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-2591441	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, ALFRED R. 11525 SOUTH CLEVELAND AVE. SUITE 5 FORT MYERS, FL 33907			Name 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, ALFRED T.		NAME		
STREET ADDRESS	812 SAN CARLOS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, DONALD		NAME		
STREET ADDRESS	117 IDLEWILD RD		STREET ADDRESS		
CITY-ST-ZIP	LEVITTOWN, PA 19057		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, ALFRED R.		NAME		
STREET ADDRESS	11525 SOUTH CLEVELAND AVE., SUITE 5		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, RICHARD E.		NAME		
STREET ADDRESS	2 SCHOOL ST		STREET ADDRESS		
CITY-ST-ZIP	STATEN ISLAND, NY 10308		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, ELIZABETH		NAME		
STREET ADDRESS	812 SAN CARLOS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Richard Smith</i> RICHARD SMITH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/11/06		Daytime Phone # 718 984 2648