## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 31, 2006 08:00 AM Secretary of State DOCUMENT # P93000088742 1. Entity Name SMS MANAGERS OF PINELLAS, INC. Principal Place of Business Mailing Address 2644 1ST AVENUE NORTH 2644 1ST AVENUE NORTH U00080436851 ST. PETERSBURG, FL 33713-8704 US ST. PETERSBURG, FL 33713-8704 US 04/13/06-80054-006 150.00 03162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3215673 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent STEFANOS, MARIE C DO NOT WRITE 2644 1ST AVENUE NORTH ST. PETERSBURG, FL 33713-8704 IN THIS SPACE 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: Repistered Apent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD ME NAME STEFANOS, MARIE C STREET ADDRESS 2844 1ST AVENUE NORTH ST. PETERSBURG, FL 337138704 CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ACORESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 invitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name eppears 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 CITY-ST-ZIP

GHING OFFICER OR DIRECTOR

2-25.06

FILED