2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017482

FILED Mar 07, 2006 Secretary of State

Entity Nan	1e: CHARLES	ST. SMITH COMPANIES OF F	FLORIDA, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
SUITE 330	PRESS CREEM DERDALE, FL						
Current Ma	ailing Addres	s:	New Mailir	New Mailing Address:			
225 FRIEN SUITE 600 BOSTON, I							
FEI Number:	06-1390055	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired (()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:		
MEYER, LAURA 550 W. CYPRESS CREEK RD. SUITE 330 FORT LAUDERDALE, FL 33309 US			550 W. CYI SUITE 330	FONTENETTE, CHRISTINA 550 W. CYPRESS CREEK RD. SUITE 330 FORT LAUDERDALE, FL 33309 US			
The above in the State		ubmits this statement for the p	ourpose of changing it	s registered o	office or registered agent, or	both,	
SIGNATUR	E: CHRISTIN	IA FONTENETTE		03/07/2006			
	Electron	c Signature of Registered Age	ent		Date		
Election Carr	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () SMITH, CHARLE 225 FRIEND ST BOSTON, MA 0	REET	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D () SMITH, TIMOTH 15 HIGHLAND A WINCHESTER,	VE	Title: Name: Address: City-St-Zip:	D (X SMITH, TIMOT 15 ROYALSTO WINCHESTER	N AVE		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES T. SMITH PRES 03/07/2006

() Delete

NORTH ANDOVER, MA 01845

QUINN, JOSEPH T

189 CARLTON LANE

Title:

Name:

Address:

City-St-Zip:

() Change () Addition