

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90222 049 \*\*\*150.00

<b>DOCUMENT # P94000064667</b>					
<b>1. Entity Name</b> SMBK, INC.					
<b>Principal Place of Business</b> 2800 DELANO ST PENSACOLA, FL 32505 US			<b>Mailing Address</b> P O BOX 940 GULF BREEZE, FL 32562 US		
<b>2. Principal Place of Business</b> 40 Palafax PL Suite, Apt. #, etc. Suite 500 City & State Pensacola, FL Zip 32502 Country US		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country			
<b>4. FEI Number</b> 03292006 Chg-P CR2E034 (11/05) 59-3274276				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> BRANNEN, DAVID A 2800 DELANO ST PENSACOLA, FL 32505	
<b>7. Name and Address of New Registered Agent</b> Name: David A Brannen Street Address (P.O. Box Number is Not Acceptable): 40 South Palafax PL Suite 500 City: Pensacola FL Zip Code: 32502				<b>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.</b> SIGNATURE:  David A Brannen 3/31/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNOWLES, CHERYL 5190 BAYOU BLVD. PENSACOLA, FL 32503		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANNEN, DAVID A P O BOX 940 GULF BREEZE, FL 32562		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> David A Brannen 3/31/06 858 434-7100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					