2008 FOR PROFIT CORPORATION

FILED Apr 14, 2008 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # P94000072515 J. SMITH MARKETING, INC. Principal Place of Business Mailing Address 801 WEST BAY DR 801 WEST BAY DR SUITE 515 SUITE 515 LARGO, FL 33770 LARGO, FL 33770 No Chg-P CR2E034 (11/05) 03182008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3273657 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARK, THOMAS E DO NOT WRITE 801 WEST BAY DR SUITE 515 IN THIS SPACE LARGO, FL 33770 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 Spendim: Typod or profed name of regelered agent and life of applicable DATI (NOTE Registered Age of situators recorded when renatition) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000894999 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. HILE CLARK, THOMAS E. NAME STREET ADDRESS 801 W BAY DR STE 515 CITY-ST-ZIP LARGO, FL 33770 TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-71P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREFT ADDRESS CiTY+ST-71P

12. I hereby certify that the information supplied with this filling 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 of 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 warfan aadress, with all other like employee. changed, or on an attachment w

SIGNATURE

TITLE NAME STREET ADDRESS CITY+ST-ZIP

NING OFFICER OR DIRECTOR