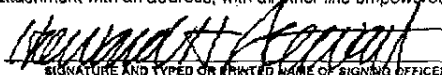


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000027224					
1. Entity Name SMALLWOOD, REYNOLDS, STEWART, STEWART & ASSOCIATES OF FLORIDA, INC.					
Principal Place of Business 550 REO ST SUITE 300 TAMPA, FL 33609			Mailing Address 750 HAMMOND DR BLDG 12 STE 100 ATLANTA, GA 30328 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 69-3304759	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNING, MICHAEL F 550 REO ST SUITE 300 TAMPA, FL 33609			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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 NAME STREET ADDRESS CITY- ST- ZIP	D SMALLWOOD, PHILLIP L 3565 PEIDMONT RD, SUITE 303 ATLANTA, GA 30305	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD REYNOLDS, WILLIAM D 3565 PEIDMONT RD, STE. 303 ATLANTA, GA 30305	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTC STEWART, HOWARD H 3565 PIEDMONT RD, STE. 303 ATLANTA, GA 30305	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BENNING, MICHAEL F 100 S. ASHLEY DRIVE, STE. 350 TAMPA, FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
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: 		Howard H. Stewart		01/25/2006 404-233-5453	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	