2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P96000014690

Entity Name: SMOKE BOX, INC.

Current Principal Place of Business:

3842 N. UNIVERSITY DR.
SUNRISE, FL 33351

New Principal Place of Business:

3852 N. UNIVERSITY DR.
SUNRISE, FL 33351

Current Mailing Address:

3842 N. UNIVERSITY DR.
SUNRISE, FL 33351

New Mailing Address:

3852 N. UNIVERSITY DR.
SUNRISE, FL 33351

FEI Number: 65-0645020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADAR, ORLY
3851 N. UNIVERSITY DR.
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

MADAR, ORLY
3852 N. UNIVERSITY DR.
SUNRISE, FL 33351 US

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.

SIGNATURE: 04/28/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: MADAR, ORLY P
Address: 3852 N UNIVERSITY DR
City-St-Zip: SUNRISE, FL 33351

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.

SIGNATURE: ORLY MADAR P 04/28/2006
Electronic Signature of Signing Officer or Director — Date