


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90006 031 ***158.75

DOCUMENT # P97000090444

1. Entity Name
 KAREN ROSE SMITH P.A.



Principal Place of Business
 229 SILVERADO DR
 NAPLES, FL 34119

Mailing Address
 229 SILVERADO DR
 NAPLES, FL 34119

40031570



2. Principal Place of Business - No P.O. Box #
 721 REGENY RESERVE CIR 5703

3. Mailing Address
 721 REGENY RESERVE CIR 5703

Suite, Apt. #, etc. #5703

02112007 Chg-P CR2E034 (12/06)

City & State
 NAPLES FL

City & State
 NAPLES FL

4. FEI Number
 65-0789759

Applied For
 Not Applicable

Zip 34119 Country USA

Zip 34119 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, KAREN R
 229 SILVERADO DR.
 NAPLES, FL 34119

7. Name and Address of New Registered Agent

Name SMITH, KAREN R.
 Street Address (P.O. Box Number is Not Acceptable)
 721 REGENY RESERVE CIR #5703
 City NAPLES FL Zip Code 34119

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 Karen Rose Smith President (NOTE: Registered Agent signature required when reinstating)

DATE 3-3-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, KAREN R	
STREET ADDRESS	229 SILVERADO DR.	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Karen Rose Smith President 3-3-07 239-304-1150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40031570
P97000090444

KAREN ROSE SMITH, P.A.

ANNUAL REPORT for 2006

Dec. 31, 2006

BALANCE SHEET

Assets: - 0 -

Liabilities: - 0 -

Net Worth: - 0 -

INCOME STATEMENT

Gross Receipts: \$ 166,302.95

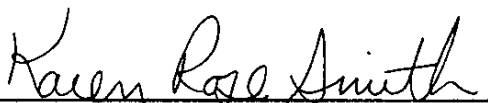
Cost of Operations:

Cost of goods and office expenses paid.. - 20,295.07
Affiliate and advertising costs paid.. - 4,134.03
Non employee payouts.. - 31,200.00
Contractor payouts (non employee) -114,284.03

\$ 31,723.85

CHAPTER S CORP.. Paid out \$ 31,723.85

1 Shareholder @ 100% = \$ 31,723.85


KAREN ROSE SMITH, President