


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
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40031570



2. Principal Place of Business - No P.O. Box # 721 REGENCY RESERVE CIR 5703	3. Mailing Address 721 REGENCY RESERVE CIR 5703
Suite, Apt. #, etc. #5703	Suite, Apt. #, etc. #5703

02112007 Chg-P CR2E034 (12/06)

City & State NAPLES FL	City & State NAPLES FL
Zip 34119	Country USA

4. FEI Number 65-0789759	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, KAREN R 229 SILVERADO DR. NAPLES, FL 34119	
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7. Name and Address of New Registered Agent	
Name SMITH, KAREN R.	
Street Address (P.O. Box Number is Not Acceptable) 721 REGENCY RESERVE CIR #5703	
City NAPLES	Zip Code FL 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 <i>Karen Rose Smith</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>President</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE <i>3-3-07</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KAREN R 229 SILVERADO DR. NAPLES, FL 34119 <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
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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

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: <i>Karen Rose Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>President</i> <small>Date</small> <i>3-3-07</i> <small>Daytime Phone #</small> <i>239-304-1150</i>

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

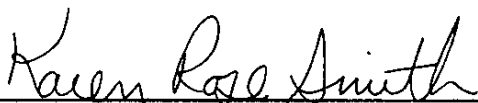
Cost of Operations:

Cost of goods and office expenses paid..	- 20,295.07
Affiliate and advertising costs paid..	- 4,134.03
<u>Non employee</u> 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