2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 4

Mar 04, 2005 8:00 am **Secretary of State** DOCUMENT # P98000033776 1. Entity Name 03-04-2005 90084 032 ***158.75 SMARTLITE COMMUNICATIONS, INC. Principal Place of Business Mailing Address 148 B DUNBAR AVE 148 B DUNBAR AVE OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address 150 A DUNBAR AYE Suite, Apt. #, etc. 150 A DUNBAR AVE Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3453971 OLDSMAR OLDSMAF Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired PINELLAS 3467 INELLAS 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZANI, GUY JR. 5300 CASA NUEVA DR. **NEW PORT RICHEY FL 34-6554** 4410 TIBURON DEWE CITY NEW PORT RICHEY FL 8. The above named entry 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ALAN W THOMPSON ★ Addition TITLE Delete Change ZANI, GUY JR NAME MAME 150 A DUNBAR AVE STREET ADDRESS 148-B DUNBAR AVE. STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-7IP OLOSMAR, FL 34677 **VPDS** Delete TITLE Change ☐ Addition TITLE NAME ZANI, JOSEPH F NAME 148-B DUNBAR AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME SCOTT, KENNETH F NAME STREET ADDRESS STREET ADDRESS 148-B DUNBAR AVE CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP TD TITLE 🔀 Delete Change ☐ Addition SZYNKIEWICZ, MATTHEW NAME NAME 148-B DUNBAR AVE. STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

ALAN WTHOMPSON TREAS 2/22/05
Describe Phone I

FILED