

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90090 023 \*\*\*150.00

<b>DOCUMENT # P98000034677</b> 1. Entity Name <b>BENEDICT SMITH DESIGN, INC.</b>					
Principal Place of Business <b>455 4TH STREET</b> <b>LAKE WALES, FL 33853 US</b>			Mailing Address <b>PO BOX 1678</b> <b>LAKE WALES, FL 33859 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number <b>65-0847670</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01102007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>RHOADES, RON A</b> <b>2420 NORTH ESSEX AVE.</b> <b>HERNANDO, FL 34442</b> <i>Delete Agent</i>				7. Name and Address of New Registered Agent Name <b>Gerald Benedict</b> Street Address (P.O. Box Number is Not Acceptable) <b>455 Fourth Street South</b> City <b>Lake Wales</b> <b>FL</b> Zip Code <b>33853</b>	
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 <b>GERALD R. BENEDICT</b> <b>4/23/07</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
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"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, KENNEDY JR 9775 WESLY LYNN CT CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9775 West Wynn Ct.</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BENEDICT, GERALD R 719 HERITAGE DR WINTER HAVEN, FL 33834 <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	S BENEDICT, JEANNE 719 HERITAGE DR WINTER HAVEN, FL 33884 <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	T SMITH, CAROL A 9775 W WYNN CT CRYSTAL RIVER, FL 344294649 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Carrol Smith</b>
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: <b>GERALD R. BENEDICT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>1/10/07</b> Daytime Phone # <b>863-678-3368</b>	