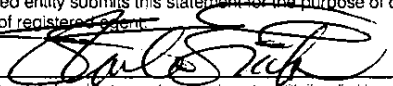
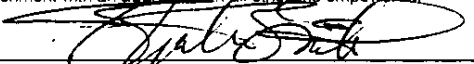


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90187 037 ***150.00

DOCUMENT # P94000065379 1. Entity Name STEPHEN A SMITH & ASSOCIATES INC.					
Principal Place of Business 1240 FOURTH STREET SUITE A SARASOTA, FL 34236			Mailing Address 1240 FOURTH STREET SUITE A SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 1748 Independence Blvd. Suite, Apt. #, etc. Suite F-6		3. Mailing Address 1748 Independence Blvd Suite, Apt. #, etc. Suite F-6		<div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">40068088</div> 	
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 65-0545740	
Zip 34234		Country Sarasota		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, STEPHEN A 1240 FOURTH STREET SUITE A SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Stephen A Smith Street Address (P.O. Box Number is Not Acceptable) 1748 Independence Blvd Suite F-6 City Sarasota FL Zip Code 34234	
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  STEPHEN A SMITH, PRESIDENT 4/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, STEPHEN A 1240 FOURTH STREET SUITE A SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Stephen A Smith 1748 Independence Blvd., Suite F-6 Sarasota, FL 34234	<input checked="" 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	
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: 			4/12/07 (941) 355-7900 <small>Date Daytime Phone</small>		