

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000652

**Entity Name:** XHALE SMART, INC.**Current Principal Place of Business:**10222 SW 52ND AVENUE  
GAINESVILLE, FL 32608**Current Mailing Address:**10222 SW 52ND AVENUE  
GAINESVILLE, FL 32608 US**FEI Number:** 46-0857034**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JEFFRIES, DAVID  
1227 N. FRANKLIN STREET  
TAMPA, FL 33602 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CHAIRMAN, DIRECTOR
Name	CRUMB, DOUGLAS
Address	4005 LONG LAKE DRIVE
City-State-Zip:	OWINGS MILLS MD 21117

Title	CFO
Name	HASSIE, PAUL A
Address	10222 SW 52ND AVENUE
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	CORDDRY, DAVID
Address	346 VITORIA AVENUE
City-State-Zip:	WINTER PARK FL 32789

Title	DIRECTOR
Name	NEMEROFF, CHARLES
Address	5216 MUSKET COVE
City-State-Zip:	AUSTIN TX 78738

Title	DIRECTOR
Name	BOWER, COLIN
Address	25 MONUMENT AVENUE
City-State-Zip:	CHARLESTOWN MA 02129

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL A HASSIE

CFO

01/14/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date