

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000652

**Entity Name:** XHALE SMART, INC.

**Current Principal Place of Business:**

3630 SW 47TH AVENUE  
SUITE 100  
GAINESVILLE, FL 32608

**Current Mailing Address:**

3630 SW 47TH AVENUE  
SUITE 100  
GAINESVILLE, FL 32608

**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 PD  
Name BIGGER, THOMAS  
Address 3630 SW 47TH AVENUE  
SUITE 100  
City-State-Zip: GAINESVILLE FL 32608

Title VD  
Name BAUMGARTNER, SUSAN  
Address 3630 SW 47TH AVENUE #100  
City-State-Zip: GAINESVILLE FL 32608

Title ST  
Name HASSIE, PAUL A  
Address 3630 SW 47TH AVENUE #100  
City-State-Zip: GAINESVILLE FL 32608

Title D  
Name ALLEN, RICHARD R  
Address 3630 SW 47TH AVENUE #100  
City-State-Zip: GAINESVILLE FL 32608

Title D  
Name DENNIS, DONN  
Address 3630 SW 47TH AVENUE #100  
City-State-Zip: GAINESVILLE FL 32608

Title D  
Name JOHNSON, S. TUCKER  
Address 3630 SW 47TH AVENUE #100  
City-State-Zip: GAINESVILLE FL 32608

*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

**CHIEF FINANCIAL  
OFFICER**

**01/07/2015**

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

\_\_\_\_\_  
Date