
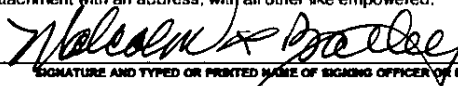


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # F01000002835 1. Entity Name S & M BRANDS, INC.		
Principal Place of Business 3662 ONTARIO ROAD SUITE B KEYSVILLE, VA 23947	Mailing Address 3662 ONTARIO ROAD SUITE B KEYSVILLE, VA 23947	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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: _____ <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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, STEVEN A 3662 ONTARIO ROAD SUITE B KEYSVILLE, VA 23947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, BETTY B 3662 ONTARIO ROAD SUITE B KEYSVILLE, VA 23947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BAILEY, MALCOM L 3662 ONTARIO ROAD SUITE B KEYSVILLE, VA 23947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV SNELL, WILLIAM W 3662 ONTARIO ROAD SUITE B KEYSVILLE, VA 23947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VLA GEE, EVERETT W III 3662 ONTARIO ROAD SUITE B KEYSVILLE, VA 23947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-15-07 434-736-2130 <small>Date Daytime Phone #</small>



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1701410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000677359
03/30/07-80099-025 150.00

**DO NOT WRITE
IN THIS SPACE**