## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000000554

Entity Name: SMITH MYERS USA, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	RMAN STREE	T, NE		
SUITE 11 PALM BA`	Y, FL 32907	US		
	/Jailing Addre	<b>56.</b>	New Mailing Address	۶۰
	-			•
1418 NOR SUITE 11	RMAN STREE	T, NE		
	Y, FL 32907	US		
FEI Number	r: 02-0464695	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:
SUITE 11	MARK RMAN STREE <sup>:</sup> Y, FL 32907 l	•		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title:	CPSD (	) Delete	Title:	() Change () Addition
Name:	MYERS, PETE		Name:	
Address:		WAY LETCHWORTH HENTS	Address:	
City-St-Zip:	SG6 3HX, UNI	TED KINGDOM,	City-St-Zip:	
Γitle:	VCVT (	) Delete	Title:	( ) Change ( ) Addition
Name:	SMITH, ANTHO	•	Name:	( ) Shangs ( ) / wanton
Address:		IRCH RD SULTON BEDS	Address:	
City-St-Zip:		ITED KINGDOM,	City-St-Zip:	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition
Name:	SMITH, ANTH		Name:	
Address:	6 SOLUS CHU	IRCH RD SULTON BEDS	Address:	
City-St-Zip:	SG192NB, UN	ITED KINGDOM,	City-St-Zip:	
Title:	VPGM (	) Delete	Title:	( ) Change ( ) Addition
Name:	BAKER, MARK	(	Name:	
Address:	1870 KARA PI	ACE SW	Address:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK W. BAKER VPGM 01/04/2005