2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000554

Entity Name: SMITH MYERS USA, INC.

BAKER, MARK

1870 KARA PLACE SW

PALM BAY, FL 32908

Name:

Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
	MAN STREET, NE		1418 NORMAN STREET	T, NE	
SUITE 11 PALM BAY, FL 32907 US			SUITE 3 PALM BAY, FL 32907	US	
Current Mailing Address:				New Mailing Address:	
	MAN STREET, NE			1418 NORMAN STREET, NE	
SUITE 11 PALM BAY	, FL 32907 US		SUITE 3 PALM BAY, FL 32907 US		
FEI Number:	02-0464695	FEI Number Applied For ()	FEI Nur	mber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
BAKER, MARK 1418 NORMAN STREET, NE SUITE 11 PALM BAY, FL 32907 US				BAKER, MARK 1418 NORMAN STREET, NE SUITE 3 PALM BAY, FL 32907 US	
	named entity of Florida.	submits this statement for the p	urpose o	of changing its registered	office or registered agent, or both,
SIGNATURE:				03/20/2009	
Electronic Signature of Registered Agent					Date
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MYERS, PETE 40 MEADOW V) Delete R J WAY LETCHWORTH HENTS IED KINGDOM,		Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	SMITH, ANTHO) Delete DNY J RCH RD SULTON BEDS TED KINGDOM,		Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	SMITH, ANTHO) Delete NY J RCH RD SULTON BEDS TED KINGDOM,		Title: (Name: Address: City-St-Zip:) Change () Addition
Title:	VPGM () Delete		Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK W BAKER VP 03/20/2009