2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002042

COWIE, JAMIÉ

222 CUMBERWOOD AVE

KENILWORTH, IL 60043

Name:

Address:

City-St-Zip:

SMS SYSTEMS MAINTENANCE SERVICES INC

FILED Jul 07, 2008 Secretary of State

Entity Name: SMS SYSTEMS MAINTENANCE SERVICES, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
455 RIVER HUDSON,					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
9013-G PERIMETER WOODS DR CHARLOTTE, NC 28216				9013-E PERIMETER WOODS DR CHARLOTTE, NC 28216	
FEI Number:	04-2779058	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
JONES, ROBERT 5925 IMPERIAL PKWY, STE 126 MULBERRY, FL 33860 US				MARTIN, MARSHA 5925 IMPERIAL PKWY, STE 126 MULBERRY, FL 33860 US	
The above in the State		submits this statement for the p	surpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: MARSHA MARTIN				07/07/2008	
	Electror	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SCORDINO, JO 3715 HEDLECO ALPHARETTA,	CLIFF CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () DOCTOR, DON 512 MAYMONT CRAMERTON,	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () FAVORY, STEV 12131 CHATSV CHARLOTTE, N	VORTH CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DS (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: MARSHA MARTIN CONT 07/07/2008