


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000004196	
1. Entity Name SM CONSULTING, INC.	

Principal Place of Business 1306 CONOURSE DRIVE SUITE 200 LINTHICUM, MD 21090	Mailing Address 1306 CONOURSE DRIVE SUITE 200 LINTHICUM, MD 21090
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04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1979241	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COURTNEY, PATRICIA 723 115TH AVE NORTH APT # 2106 ST PETERSBURG, FL 33708

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEINZE, SHEILA C 1306 CONOURSE DRIVE LINTHICUM HEIGHTS, MD 21090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COURTNEY, PATRICIA A 1306 CONOURSE DRIVE LINTHICUM HEIGHTS, MD 21090
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05/17/06-80126-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06 410 691-5200