

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J77988

FILED  
Jan 16, 2005  
Secretary of State

Entity Name: SALES MANAGEMENT INTERNATIONAL, CORP.

**Current Principal Place of Business:**

% BOLLENBACK & FORRET, P.A.  
1000 PINELLAS  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

% BOLLENBACK & FORRET, P.A.  
1000 PINELLAS  
CLEARWATER, FL 33756 US

**New Mailing Address:**

FEI Number: 59-2818119      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRASWELL, ALLEN S., SR  
TWO SEASIDE LANE #102  
BELLEAIR, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BRASWELL, ALLEN S., SR  
Address: TWO SEASIDE LANE #102  
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete  
Name: CALDERON, JACK,  
Address: 17829 GREEN WILLOW DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: BRASWELL, ALLEN S. J, R.  
Address: 11 W RANCH RD  
City-St-Zip: MORRISON, CO 80465

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALLEN S. BRASWELL SR

DP

01/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date