2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57925

FILED Mar 24, 2009 Secretary of State

Entity Name: STRUCTURAL MODIFICATION AND REPAIR TECHNICIANS, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
509 LIVE (EY L. PETERS OAK ST. ATER, FL 3213			
Current Mailing Address:		New Mailing Address:		
509 LIVE (EY L. PETERS OAK ST. ATER, FL 3213			
El Number	r: 59-2872399	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
509 LIVE	ON, JEFFREY L OAK ST. ATER, FL 3213			
	e named entity : te of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	te of Florida.	submits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,
n the Stat	te of Florida. IRE:	submits this statement for the particles of Registered Ag		ed office or registered agent, or both, Date
n the Stat SIGNATU	te of Florida. IRE: Electror			
n the Stat SIGNATU Election Ca	te of Florida. IRE: Electror	nic Signature of Registered Ag	ent	
n the Stat BIGNATU Election Ca DFFICER Title: Jame: kddress:	te of Florida. IRE: Electror Impaign Financing IS AND DIREC	nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete FFREY OD RIVER RD.	ent	Date
n the Stat SIGNATU Election Ca	te of Florida. IRE: Electror Impaign Financing IS AND DIREC CEO () PETERSON, JE 141 HAZELWO EDGEWATER, P () MUNDELL, GEI 240 VILLA WAY	nic Signature of Registered Ag g Trust Fund Contribution (). TORS: Delete FFREY OD RIVER RD. FL Delete DRGE THEO	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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.

SIGNATURE: ERIN ALEXANDER ACCT 03/24/2009