2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77476

109 SHELLEY DRIVE

WINTER HAVEN, FL

Address:

City-St-Zip:

FILED Apr 16, 2008 Secretary of State

Entity Nar	ne: S.M. HO	LDING	S, INC.				
Current Principal Place of Business:				New Principal P	New Principal Place of Business:		
109 SHELL WINTER H	LEY DR JAVEN, FL 3:	3884	US				
Current Mailing Address:				New Mailing Ad	New Mailing Address:		
	LEY DRIVE JAVEN, FL 3:	3884	US	109 SHELLEY DI WINTER HAVEN			
FEI Number:	59-3021210	FEI	Number Applied For()	FEI Number Not Applicable (() Certificate of Status Desired ()		
Name and	Address of	Curren	t Registered Agent:	Name and Addr	ress of New Registered Agent:		
	, DINA E WS WOOD L D, FL 33813	ANE US		HUCKERY, DINA 6723 CREWS W LAKELAND, FL	OOD LANE		
	named entity of Florida.	submit	s this statement for the	purpose of changing its regi	istered office or registered agent, or both,		
SIGNATURE: DINA E. HUCKERY					04/16/2008		
	Electro	nic Sig	nature of Registered Ag	ent	Date		
Election Can	npaign Financir	ng Trust	Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DC (MULDER, STA 109 SHELLEY WINTER HAVE	DRIVE	R.,	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DP (MULDER, MAI 109 SHELLEY WINTER HAVE	DRIVE	R,	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DST (HUCKERY, DI 6723 CREWS LAKELAND, F	WOOD	_ANE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	DV (MULDER, STA) Delete	R.	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: DINA E. HUCKERY 04/16/2008 S/T