

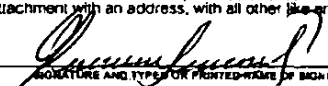


FILED
May 01, 2007 8:00 am
Secretary of State

04-02-2007 90104 020 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000023530 1. Entity Name SMELLS INC.			
Principal Place of Business 11801 NW 100RD STE 11 MEDLEY, FL 33178		Mailing Address 845 SAND CREEK CIRCLE WESTON, FL 33327	
DO NOT WRITE IN THIS SPACE			
		 03082007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-1093924		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, OSCAR 11801 NW 100 RD ST. 11 MEDLEY, FL 33178		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 releasing) <small>Signature typed or printed name of registered agent and title if applicable.</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FERNANDEZ, OSCAR 845 SAND CREEK CIRCLE WESTON, FL 33327		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST FERNANDEZ, OSCAR A 845 SAND CREEK CIRCLE WESTON, FL 33327		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/20/07 305-882-8929 <small>Date Daytime Phone #</small>	