2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024326

Entity Name: SM DANIEL & ASSOCIATES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
118 ALLEN WEST PAR	RD K, FL 33023					
Current Mailing Address:			New Maili	New Mailing Address:		
118 ALLEN WEST PAR	RD K, FL 33023					
FEI Number: (02-0561919	FEI Number Applied For () FEI N	lumber Not Appl	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
GREENIDGE, SONYA M 118 ALLEN ROAD WEST PARK, FL 33023 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () D GREENIDGE, MA 118 ALLEN ROAD WEST PARK, FL	URICE A	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () D BAILEY, ORTHAN 16 OXFORD LAN HARRIMAN, NY 1	E	Title: Name: Address: City-St-Zip:	VDS (X) Change () Addition DIXON, SHANDA G 1709 FORD STREET MONROE, LA 71202		
Title: Name: Address: City-St-Zip:	D () D DANIEL, VERTILE 216 TWO WILLIA ST. CROIX, VI 00	EE B MS	Title: Name: Address: City-St-Zip:	PDT (X) Change () Addition GREENIDGE, SONYA M 118 ALLEN RD WEST PARK, FL 33023		
Title: Name: Address: City-St-Zip:	PDT (X) D GREENIDGE, SO 118 ALLEN RD WEST PARK, FL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VDS (X) D DANIEL, LAWREN 350 NW 134 AVE PEMBROKE PINE	NUE #204	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: SONYA M GREENIDGE PDT 04/30/2008