2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043020

23501 SR 44B

EUSTIS, FL 32736

Address: City-St-Zip:

Entity Name: SMM ASSEMBLERS, INC.

FILED May 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2500 INDUSTRIAL STREET LEESBURG, FL 34748 **Current Mailing Address: New Mailing Address:** 2500 INDUSTRIAL STREET LEESBURG, FL 34748 FEI Number: 75-2798128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VAN DUSEN, PHILIP M CFO 2500 INDUSTRIAL STREET LEESBURG, FL 34748 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GINAS, JIM Name: Name: 5330 LAKE BLUFF TERRACE Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: Title: () Change () Addition () Delete Name: MEYER, DAVID Name: 8332 EAST WALNUT Address: Address: GARLAND, TX 75040 City-St-Zip: City-St-Zip: VPD Title: Title: () Delete () Change () Addition BEREZY, LES Name: Name:

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: JAMES A. GINAS PRES 05/09/2007