

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91025 045 \*\*\*150.00

<b>DOCUMENT # P03000032326</b> 1. Entity Name <b>STRATEGIC MANAGEMENT GROUP NORTH AMERICA INC.</b>					
Principal Place of Business <b>2259 LOOKOUT LANDING ORANGE PARK, FL 32003</b>			Mailing Address <b>2259 LOOKOUT LANDING ORANGE PARK, FL 32003</b>		
2. Principal Place of Business <b>11518 Distribution Ave W.</b>		3. Mailing Address <b>Po Box 8028</b>			
Suite, Apt. #, etc. <b>#4</b>		Suite, Apt. #, etc. 			
City & State <b>JACKSONVILLE FL</b>		City & State <b>FLAMING BEACH FL</b>		4. FEI Number <b>11-3680261</b>	
Zip <b>32256</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLANAGAN, ANNETTE 5294 RAINEY AVENUE NORTH ORANGE PARK, FL 32065</b>			7. Name and Address of New Registered Agent Name <b>GRAYDON KARLSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2259 Lookout Landing</b> City <b>Orange Park</b> <b>FL</b> Zip Code <b>32003</b>		
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 <b>GRAYDON KARLSON</b> <b>30 APR 04</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KARLSON, GRAYDON L</b> <b>2259 LOOKOUT LANDING</b> <b>ORANGE PARK, FL 32003</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PETER</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PETER HARLAN</b> <b>132 FIRST RIDE ROAD</b> <b>WATERBURY, CT 06708</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>			<b>30 APR 04</b> <b>904 334 1300</b> <small>Date Daytime Phone #</small>		