

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90082 049 ***150.00

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1. Entity Name
STRATEGIC MANAGEMENT GROUP NORTH AMERICA INC.



Principal Place of Business
**11318 DISTRICTION AVE W
JACKSONVILLE, FL 32256**

Mailing Address
**PO BOX 8028
FLEMING ISLAND, FL 32006**

50008402



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **# 4**

Suite, Apt. #, etc.

01192005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
11-3680261

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARLSON, GRAYDER
2259 LOOKOUT LANDING
ORANGE PARK, FL 32003**

Name **GRAYDON KARLSON**
Street Address (P.O. Box Number is Not Acceptable)
1324 HOLMES LANDING
City **ORANGE PARK** FL Zip Code **32003**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

28 JAN 05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KARLSON, GRAYDON L**
STREET ADDRESS **2259 LOOKOUT LANDING**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE **D** ☐ Delete
NAME **HARLAMAR, PETER**
STREET ADDRESS **132 FOREST RIDGE ROAD**
CITY-ST-ZIP **WATERBURY, CT 06708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1324 HOLMES LANDING**
CITY-ST-ZIP **ORANGE PARK, FL 32003**

TITLE ☒ Change ☐ Addition
NAME **PETER HARLAMAR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

[Signature]

28 JAN 05