

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000033509	
1. Entity Name SMSEC HOLDINGS INCORPORATED	

FILED

2007 SEP 14 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 13216 US HWY 19 HUDSON, FL 34667	Mailing Address 7261 TOUCAN TRAIL SPRING HILL, FL 34606
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2. Principal Place of Business - No P.O. Box # 9038 GR SA	3. Mailing Address 11015 BAYLOR DR
Suite, Apt. #, etc. # 35	Suite, Apt. #, etc.

07272007 Chg-P CR2E034 (12/06)

City & State HUDSON FLORIDA	City & State SPRING HILL FLORIDA
Zip 34668	Zip 34608
Country PAECO USA	Country USA

4. FEI Number 13-4273934	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAN HEERDEN, SHARON L MISS 7261 TOUCAN TRAIL SPRING HILL, FL 34606	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <i>Shark</i>	DATE 09.10.07
Signature (by agent or someone it registered agent would be responsible for) (NOTE: Registered Agent signature required when re-designing)	

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 may be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CLARK, SHARON MRS 7261 TOUCAN TRAIL SPRING HILL, FL 34606 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11015 BAYLOR DR SPRING HILL FL 34608 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN HEERDEN, PETER R 7261 TOUCAN TRAIL SPRING HILL, FL 34606 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900109721409 09/20/07--01066--004 **150.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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 207, 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: <i>Shark</i>	DATE: 09.10.07 TELEPHONE: 737-647-6566
SIGNATURE AND TITLE REQUIRED FROM PERSON MAKING OF SIGNING OFFICER OR DIRECTOR	