

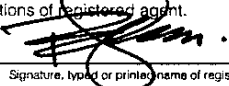



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90003 040 ***550.00

DOCUMENT # P04000107878 1. Entity Name STRATEGIC MARKETING & RESOURCE TECHNOLOGY, INC.																																	
Principal Place of Business 723 SW 4TH PLACE FT LAUDERDALE, FL 33312				Mailing Address 723 SW 4TH PLACE FT LAUDERDALE, FL 33312																													
2. Principal Place of Business 18 HARBOUR DRIVE SOUTH Suite, Apt. #, etc.		3. Mailing Address 18 HARBOUR DRIVE SOUTH Suite, Apt. #, etc.																															
City & State OCEAN RIDGE, FLORIDA		City & State OCEAN RIDGE, FLORIDA		4. FEI Number 20-1409631																													
Zip 33435		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent GONSALVES, RONALD 723 SW 4TH PLACE FT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name GONSALVES RONALD Street Address (P.O. Box Number is Not Acceptable) 18 HARBOUR DRIVE SOUTH City OCEAN RIDGE FL 33435																													
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:  8-13-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D GONSALVES, RONALD 723 SW 4TH PLACE FT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONSALVES, RONALD 723 SW 4TH PLACE FT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D GONSALVES, RONALD 18 HARBOUR DRIVE SOUTH OCEAN RIDGE, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONSALVES, RONALD 18 HARBOUR DRIVE SOUTH OCEAN RIDGE, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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:  8-13-05 954.610.6913 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	

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