


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P05000027460 1. Entity Name SMG'IIT ENTERPRISES, INCORPORATED |  |
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| Principal Place of Business 1416 MAY STREET LUTZ, FL 33354-8 | Mailing Address 1416 MAY STREET LUTZ, FL 33354-8 |
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

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|------------------------------------|-------------------------------|
| 4. FEI Number 20-2417681 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ZIMMER & LAWSON ACCOUNTING SERV 2403 STATE STREET TAMPA, FL 33609 |
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IN THIS SPACE**

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

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|---|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|---|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P GONZALEZ, STEVE 1416 MAY STREET LUTZ, FL 33548 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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04/30/07-80036-013 150.00

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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

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| SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | X 17 Apr 07 <small>Date</small> | X 813.204.9252 <small>Daytime Phone #</small> |
|---|--|--|