

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093146

Entity Name: GET SMOKED, INC.

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

924 BUNKER VIEW DRIVE  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

924 BUNKER VIEW DRIVE  
APOLLO BEACH, FL 33572

**New Mailing Address:**

FEI Number: 20-3078054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALYXZANDER ACCOUNTING AND TAX SERVICES  
114 W BLOOMINGDALE AVE  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

NELSON, SCOTT F  
4890 W. KENNEDY BLVD  
240  
TAMPA, FL 33609 US

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.

SIGNATURE: SCOTT F NELSON

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KAPINOS, PETER  
Address: 4003 W. OHIO AVENUE  
City-St-Zip: TAMPA, FL 33616 US

Title: VP (X) Delete  
Name: ENGEL, CRAIG  
Address: 924 BUNKER VIEW DR  
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: T (X) Delete  
Name: KAPINOS, PETER  
Address: 4003 W. OHIO AVENUE  
City-St-Zip: TAMPA, FL 33616

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ENGEL, CRAIG  
Address: 924 BUNKER VIEW DR  
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG ENGEL

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date