

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166171

Entity Name: SMW GEOSCIENCES, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

1401-B EDGEWATER DR
ORLANDO, FL 32804

New Principal Place of Business:

1411 EDGEWATER DRIVE
SUITE 103
ORLANDO, FL 32804

Current Mailing Address:

1401-B EDGEWATER DR
ORLANDO, FL 32804

New Mailing Address:

1411 EDGEWATER DRIVE
SUITE 103
ORLANDO, FL 32804

FEI Number: 20-4005859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITAKER, SARAH M
1401-B EDGEWATER DR
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

WHITAKER, SARAH M
1411 EDGEWATER DR
SUITE 103
ORLANDO, FL 32804 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: SARAH M WHITAKER

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITAKER, SARAH M
Address: 1401-B EDGEWATER DR
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: WHITAKER, SARAH M
Address: 1411 EDGEWATER DRIVE, SUITE 103
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the 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: SARAH M WHITAKER

D,P

04/26/2007

Electronic Signature of Signing Officer or Director

Date