2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000057417

Entity Name: SML ENTERPRISES, INC.

FILED Jan 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

515 EAST PARK AVE 1540 JUANA ROAD TALLAHASSEE, FL 32301 BOCA RATON, FL 33486

Current Mailing Address: New Mailing Address:

515 EAST PARK AVE 1540 JUANA ROAD TALLAHASSEE, FL 32301 BOCA RATON, FL 33486

FEI Number: 14-1966956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPDIRECT AGENTS, INC
515 EAST PARK AVE
TALLAHASSEE, FL 32301 US
LUGGIO, MICHAEL
1540 JUANA ROAD
BOCA RATON, FL 33486 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: MICHAEL LUGGIO 01/29/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: LUGGIO, MICHAEL D (X) Change () Addition LUGGIO, MICHAEL

 Address:
 2862 WATER'S EDGE CIRCLE
 Address:
 1540 JUANA ROAD

 City-St-Zip:
 GREEN ACRES, FL 33413
 City-St-Zip:
 BOCA RATON, FL 33486

Title: D () Delete Title: D (X) Change () Addition
Name: HYMOWITZ SARA
Name: HYMOWITZ SARA

Name:HYMOWITZ, SARAName:HYMOWITZ, SARAAddress:2862 WATER'S EDGE CIRCLEAddress:1540 JUANA ROADCity-St-Zip:GREEN ACRES, FL 33413City-St-Zip:BOCA RATON, FL 33486

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: MICHAEL LUGGIO D 01/29/2007