2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008
Secretary of State

DOCUMENT# P07000003613

Entity Name: STRATEGIC MARKETING SOLUTIONS OF AMERICA, INC.

Current Principal Place of Business:

220 N. HWY. 393
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

1204 E. LAKEWALK CIRCLE
PANAMA CITY BEACH, FL 32413 US

Current Mailing Address:

4309 GRAY OAKS DRIVE
NASHVILLE, TN 37204

New Mailing Address:

FEI Number: 26-0691297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YARIAN, DAVID
220 N. HWY. 393
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

YARIAN, DAVID
1204 E. LAKEWALK CIRCLE
PANAMA CITY BEACH, FL 32413 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: DAVID YARIAN 08/25/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ANDERS, SANDI
Address: 492 W. HARBORVIEW
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VP ( ) Delete
Name: YARIAN, DAVID
Address: 492 W. HARBORVIEW
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VP ( ) Delete
Name: HILL, PAUL
Address: 492 W. HARBORVIEW
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ANDERS, SANDI
Address: 4309 GRAY OAKS DR.
City-St-Zip: NASHVILLE, T 37204 US

Title: VP (X) Change ( ) Addition
Name: YARIAN, DAVID
Address: 4309 GRAY OAKS DRIVE
City-St-Zip: NASHVILLE, T 37204 US

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: SANDI ANDERS PRES 08/25/2008
Electronic Signature of Signing Officer or Director Date