## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000045120

Entity Name: SMELL THE ROSES, INC.

735 FERNWOOD DRIVE

BROOKSVILLE, FL 34601 US

Address:

City-St-Zip:

FILED Feb 28, 2009 Secretary of State

•		<b>,</b>				
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
	WOOD DRIVE /ILLE, FL 3460	1 US				
Current Mailing Address:			New Mailing Address:			
	WOOD DRIVE /ILLE, FL 3460	1 US				
FEI Number	: 26-2552296	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certificate of Status Desired	d (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
<b>735 FERN</b>	, ROBERT WOOD DRIVE /ILLE, FL 3460	1 US				
	named entity s e of Florida.	ubmits this statement for the	purpose of changing its	s registered office or registered agent, o	or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Ag	gent	Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P D ( ) LINDSEY, PHIM 6122 FABER DE BROOKSVILLE,	₹	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP D () GORDON, JEEF 735 FERNWOO BROOKSVILLE,	D DR	Title: Name: Address: City-St-Zip:	VP D (X) Change ( ) Addition GORDON, BRANDON 735 FERNWOOD DR BROOKSVILLE, FL 34601 US		
Title: Name: Address: City-St-Zip:	S D () LINDSEY, KENN 6122 FABER DI BROOKSVILLE,	₹	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	T D () GORDON, ROB	Delete ERT	Title: Name:	( ) Change ( ) Addition		

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT GORDON T D 02/28/2009