


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P25217 1. Entity Name SMV TECHNOLOGIES, INC.	
---	---

Principal Place of Business 2431 DESTINY WAY ODESSA, FL 33556 US	Mailing Address P.O. BOX 1475 NEW PORT RICHEY, FL 34656 US
--	--

DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0286547	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent RIETH, DAVID M. ONE TAMPA CENTER SUITE 2900 TAMPA, FL 33601-0391
--

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000638504 02/27/07-80034-006 158.75
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD THORP, BETTY M 5060 PORPOISE PL NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THORP, STEPHEN M 5060 PORPOISE PL NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENSTERMACHER, ELLEN 115 SOUTH BROAD ST KENNETT SQ, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Betty M. Thorp</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/5/07 Date	727-372-1512 Daytime Phone #
---	-----------------------	--