


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000032874 1. Entity Name SM&D FOODS, INC.	
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Principal Place of Business 1307 ATLANTIC BLVD NEPTUNE BEACH FL 32266	Mailing Address 12876 GREENMEADOW PLACE JACKSONVILLE FL 32246
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2. Principal Place of Business	3. Mailing Address	1st MOORE CR2E034 (10/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-3246299
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

**BENNETT, SCOTT E
1307 ATLANTIC BLVD
NEPTUNE BEACH FL 32266**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete BENNETT, SCOTT E 12876 GREEN MEADOW PLACE JACKSONVILLE FL 32246
TITLE	DS <input type="checkbox"/> Delete BENNETT, MICHELLE M 12876 GREEN MEADOW PLACE JACKSONVILLE FL 32246
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000536738 05/08/06-80104-013 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michelle M Bennett* **Michelle M Bennett** 4/25/06 ⁹⁰⁴ 220 6754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #