2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 07, 2007 8:00 am Secretary of State DOCUMENT # P97000022777 1. Entity Namo 03-07-2007 90014 035 \*\*\*150.00 S M D RESEARCH, INC. Principal Place of Business Mailing Address 6601 LYONS RD 6601 LYONS RD COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 65-0743395 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTER H. Messic OAKNER, STUART P ddress (P.O. Box Number is Not Acceptable 9151 PINE SPRINGS DR BOCA RATON FL 33428 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD ши Delete HILL ☐ Change Addition OAKNER, STUART P NAME NAMI 19093 STREAMSIDE CT STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** COY ST-ZIP CIFY ST ZIP ☐ Delete HIII Change Addition BRANNICK, MARK T NAME 9151 PINE SPRINGS DR STRUCT ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CHY SL 7IP THUE Delete HILL Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change THU ☐ Defete TITLE Addition NAMI MAME STREET ADDRESS STRUET ADDRESS CHY ST-7IP CHY SL ZIP ☐ Change ☐ Defete Addition HHE HIII NAM NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY SL 7IP ☐ Delete HILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 12. Thereby 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 roport 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

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if changed, or on an attachment with an address, with all other like empowered.