

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093652

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: SMARTER LIVING PRODUCTS, INC.

**Current Principal Place of Business:**

6574 N. STATE ROAD 7  
#277  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6574 N. STATE ROAD 7  
#277  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 65-0973519      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLEIN, PATRICIA ESQ  
2001 WEST SAMPLE ROAD  
SUITE 300  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

LEVINE, JACK  
6574 N.STATE ROAD 7  
# 277  
COCONUT CREEK, FL 33073 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: JACK LEVINE      01/05/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEVINE, JACK  
Address: 6574 N STATE RD 7 277  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: LEVINE, JACK  
Address: 6574 N STATE RD 7 277  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D (X) Delete  
Name: ALFERI, MARK  
Address: 6574 N. STATE RD 7 277  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACK LEVINE      D      01/05/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date