

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
POMPAÑO 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