
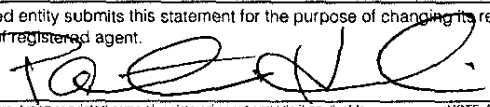



**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91835 002 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P99000093652			
1. Entity Name <b>SMARTER LIVING PRODUCTS, INC.</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>6574 N State Road 7</b>		3. Mailing Address <b>6574 N State Road 7</b>	
Suite, Apt. #, etc. <b>#277</b>		Suite, Apt. #, etc. <b>#277</b>	
City & State <b>Coconut Creek, FL</b>		City & State <b>Coconut Creek, FL</b>	
Zip <b>33073</b>	Country <b>USA</b>	Zip <b>33073</b>	Country <b>USA</b>
4. FEI Number <b>65-0973519</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required <b>\$8.75</b>	
7. Name and Address of Current Registered Agent			
Name <b>Patricia Klein, Esq.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>2001 West Sample Road, Suite 101</b>			
City <b>Pompano Beach</b>		FL	Zip Code <b>33064</b>
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 		DATE <b>4-30-03</b>	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Stall, Brian</b> <b>6574 N State Road 7, #277</b> <b>Coconut Creek, FL 33073</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Levine, Jack</b> <b>6574 N State Road 7, #277</b> <b>Coconut Creek, FL 33073</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Alfieri, Mark</b> <b>6574 N State Road 7, #277</b> <b>Coconut Creek, FL 33073</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date <b>4/30/03</b> Daytime Phone <b>986-1010</b>	

CR2E034B (12/02)