

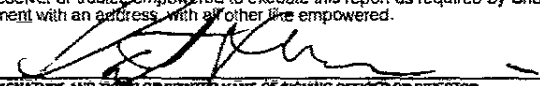


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # V67322 1. Entity Name SMITH SUNDY GROWERS, INC.			
Principal Place of Business 14065 SMITH SUNDY RD DELRAY BEACH, FL 33446		Mailing Address 14065 SMITH SUNDY RD DELRAY BEACH, FL 33446	
			
		01112007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0358370		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKEOWN PATRICK 14065 SMITH SUNDY ROAD DELRAY BEACH, FL 33446			
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PVTs MCKEOWN, PATRICK 14065 SMITH SUNDY RD DELRAY BEACH, FL 33446		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Date: 1-11-07 Daytime Phone # _____	

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01/16/07-80052-011 150.00