

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001023

FILED
Apr 28, 2008
Secretary of State

Entity Name: SMITH SPORT OPTICS, INC.

Current Principal Place of Business:

280 NORTHWOOD WAY
KETCHUM, ID 83340

New Principal Place of Business:

Current Mailing Address:

PO BOX 2999
KETCHUM, ID 83340

New Mailing Address:

FEI Number: 82-0431709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: GOTTARDI, CLAUDIO
Address: 801 JEFFERSON RD
City-St-Zip: PARSIPPANY, NJ 07054

Title: P () Delete
Name: POST, NED
Address: PO BOX 2999
City-St-Zip: KETCHUM, ID 83340

Title: S () Delete
Name: JUDGE, JOHN
Address: 801 JEFFERSON RD
City-St-Zip: PARSIPPANY, NJ 07054

Title: D () Delete
Name: LORENZON, GIANNINO
Address: 35129 PADOVA
City-St-Zip: ITALY, XX

Title: CFO () Delete
Name: HAYES, RON P
Address: PO BOX 2999
City-St-Zip: KETCHUM, ID 83340

Title: V () Delete
Name: CLARK, BLAIR
Address: PO BOX 2999
City-St-Zip: KETCHUM, ID 83340

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:

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 exemption stated 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 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: RON P HAYES

CFO

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date