FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Strumph Dates M		Sta	Date of Event Rotement (Month/		3. Issuer Name and Ticker or Trading Symbol SMI PRODUCTS INC [SMIP]							
(Last)	(First)	(Middle)	-			Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)		
NILE THERAP 2850 TELEGRA (Street) BERKELEY	EUTICS, INC. APH AVE., SUIT	PE #310 94705			X	Director Officer (give title below) Chief Executive (10% Owner Other (specificely) Deficer		oplicable Line) X Form filed by	Group Filing (Check / One Reporting Person / More than One Reporting		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					nt of Securities ally Owned (Instr. 4)			1 '				
Common Stock						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securities U Derivative Security (Instr. 4)		Underlying	4. Conversion	e (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)				
Stock Option (R	ight to Buy)		(1)	05/11/2012	2	Common Stock	989,583	2.71	D			

Explanation of Responses:

 $1.\ The\ option\ vests\ in\ three\ equal\ installments\ on\ May\ 10,\ 2008,\ May\ 10,\ 2009\ and\ May\ 10,\ 2010.$

/s/ Peter M. Strumph

09/19/2007

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $Note: File \ three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).