

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

1. Name and Address of Reporting Person * <u>WEXFORD CAPITAL LLC</u> <hr/> (Last) (First) (Middle) <u>411 WEST PUTNAM AVE</u> <hr/> (Street) <u>GREENWICH CT 06830</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>09/17/2007</u>	3. Issuer Name and Ticker or Trading Symbol <u>SMI PRODUCTS INC [SPDU]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/>	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person <input checked="" type="checkbox"/>

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$0.001 par value	696,675	I	by: Wexford Spectrum Investors LLC ⁽¹⁾⁽³⁾
Common Stock, \$0.001 par value	1,910,103	I	By: Iota Investors LLC ⁽²⁾⁽³⁾

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)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Common Stock Warrants	09/11/2007	09/11/2012	Common Stock	16,841	2.71	I	By: Iota Investors LLC ⁽³⁾⁽⁴⁾

1. Name and Address of Reporting Person * <u>WEXFORD CAPITAL LLC</u> <hr/> (Last) (First) (Middle) <u>411 WEST PUTNAM AVE</u> <hr/> (Street) <u>GREENWICH CT 06830</u> <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person * <u>DAVIDSON CHARLES E</u> <hr/> (Last) (First) (Middle) <hr/> (Street) <u>X1</u> <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person * <u>JACOBS JOSEPH</u> <hr/> (Last) (First) (Middle) <hr/> (Street) <u>X1</u> <hr/> (City) (State) (Zip)		
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Explanation of Responses:

1. These shares of common stock are owned directly by Wexford Spectrum Investors LLC (?WSI?).

2. These shares of common stock are owned directly by Iota Investors LLC (?Iota?).

3. Wexford Capital LLC (?Wexford?), as manager of WSI and Iota, may be deemed to beneficially own all of the shares of common stock and/or warrants which are owned by WSI and Iota. Charles E. Davidson (?Davidson?) and Joseph M. Jacobs (?Jacobs?) are the managing members of Wexford. Davidson and Jacobs may be deemed to beneficially own all the shares of common stock and/or warrants which are owned by WSI and Iota. Wexford, Davidson and Jacobs each disclaims beneficial ownership of the securities reported hereby and this report shall not be deemed as an admission that they are the beneficial owners of such securities except in the case of Davidson and Jacobs to the extent of their interests in each member of WSI or Iota.

4. These warrants are owned directly by Iota.

Remarks:

Arthur Amron, Partner and
Secretary of Wexford Capital LLC 09/19/2007

Joseph M. Jacobs 09/19/2007

Charles E. Davidson 09/19/2007

** Signature of Reporting Person Date

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

* 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).

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.