2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056199

Entity Name: SMART OFFICE SOLUTIONS INC

505 SWEETWATER CLUB BLVD.

LONGWOOD, FL 32779

Address:

City-St-Zip:

FILED Feb 03, 2009 Secretary of State

| Entity Na | me: SMARI | OFFICE SOLUTIONS, INC. | | | |
|-------------------------------------------------|----------------------------------------------------|---------------------------------|---------------------------------------------|---------------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| | ETWATER CL OD, FL 32779 | UB BOULEVARD) | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | ETWATER CL OD, FL 32779 | UB BOULEVARD) | | | |
| FEI Number | : 01-0718184 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and Address o | Name and Address of New Registered Agent: | |
| 1840 SW 2 4TH FLOO MIAMI, FL The above | OR 33145 US | | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | | | | | |
| SIGNATO | | nic Signature of Registered Age | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | ALPERT, ALÂN | ATER CLUB BOULEVARD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | P (ORLINKSI, SC 7908 MCCARF CHARLOTTE, I | RON WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | S,T (ALPERT, NANG |) Delete CY | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: NANCY ALPERT S.T. 02/03/2009