

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005069

FILED
Jul 06, 2006
Secretary of State

Entity Name: SMARTMATIC CORPORATION

Current Principal Place of Business:

1001 BROKEN SOUND PARKWAY NW
STE D
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1001 BROKEN SOUND PARKWAY NW
STE D
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 52-2243719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANZOLA, ALFREDO
1001 BROKEN SOUND PARKWAY NW
STE D
BOCA RATON, FL 33487 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: P () Delete
Name: MUGICA, ANTONIO
Address: 19591 DINNER KEY DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: VSTD () Delete
Name: ANZOLA, ALFREDO
Address: 19591 DINNER KEY DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: CD () Delete
Name: MUGICA RIVERO, ANTONIO
Address: 19591 DINNER KEY DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: PINATE, ROGER
Address: 19591 DINNER KEY DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: MUGICA SESMA, ANTONIO
Address: 19591 DINNER KEY DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: CON (X) Delete
Name: FELIU, LUIS
Address: 339 COTTONWOOD LN
City-St-Zip: BOCA RATON, FL 33487

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: CON (X) Change () Addition
Name: HURST, KEVIN
Address: 20289 BOCA WEST DR.
City-St-Zip: BOCA RATON, FL 33434

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PEDRO MUGICA

TRE

07/06/2006

Electronic Signature of Signing Officer or Director

_____ Date