

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000005693

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** HEALTH SMART TECHNOLOGIES, INC.

**Current Principal Place of Business:**

11102 AVERY OAKS DRIVE  
TAMPA, FL 33625

**New Principal Place of Business:**

4521 PGA BLVD  
#223  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

11102 AVERY OAKS DRIVE  
TAMPA, FL 33625

**New Mailing Address:**

4521 PGA BLVD  
#223  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 20-2183999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHABRIER, ROBERT  
11102 AVERY OAKS DRIVE  
TAMPA, FL 33625 US

**Name and Address of New Registered Agent:**

CHABRIER, ROBERT  
287 PORTO VECCHIO WAY  
PALM BEACH GARDENS, FL 33418 US

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: ROBERT CHABRIER

03/09/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHABRIER, ROBERT  
Address: 287 PORTO VECCHIO WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

SIGNATURE: ROBERT CHABRIER

P

03/09/2010

Electronic Signature of Signing Officer or Director

Date