

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005520

FILED
Jul 12, 2004
Secretary of State

Entity Name: SMART STRUCTURES, INC.

Current Principal Place of Business:

398 UPLAND RD.
REDWOOD CITY, CA 94062

New Principal Place of Business:

2153 SE HAWTHORNE ROAD
SUITE 213
GAINESVILLE, FL 32614

Current Mailing Address:

398 UPLAND RD.
REDWOOD CITY, CA 94062

New Mailing Address:

FEI Number: 54-2104812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHIARELLA, THOMAS
Address: 398 UPLAND RD.
City-St-Zip: REDWOOD CITY, CA 94062

Title: DVPS () Delete
Name: HECHT, RICHARD
Address: 41 WATERFORD MEADOW DR.
City-St-Zip: TEWKSBURY, MA 01876

Title: T () Delete
Name: HECHT, RICHARD
Address: 41 WATERFORD MEADOW DR.
City-St-Zip: TEWKSBURY, MA 01876

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS CHIARELLA

DP

07/12/2004

Electronic Signature of Signing Officer or Director

_____ Date