

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005698

Entity Name: SMARTHINKING, INC.

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

1900 L ST NW 301
WASHINGTON, DC 20036

New Principal Place of Business:

Current Mailing Address:

1900 L ST NW 301
WASHINGTON, DC 20036

New Mailing Address:

FEI Number: 52-2180596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEWITT, CYNTHIA
4253 WILLOW BAY DR
WINTER GARDEN, FL 34787 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: D () Delete
Name: SMITH, TURNER B
Address: 1900 L ST NW 301
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: O'CONNOR, JOHN
Address: 3425 PEACHTREE PKWY #D-302
City-St-Zip: SUWANEE, GA 30024

Title: D () Delete
Name: DUBBE, GINA
Address: 3060 WASHINGTON RD SUITE 200
City-St-Zip: GLENWOOD, MD 21738

Title: D () Delete
Name: MAHAN, RON
Address: 3003 TAMiami TRAIL N 400
City-St-Zip: NAPLES, FL 34103

Title: O () Delete
Name: SMITH, JR., TURNER B
Address: 1900 L ST NW 301
City-St-Zip: WASHINGTON, DC 20036

Title: O () Delete
Name: CASTALDI, LORETTA
Address: 1900 L ST NW 301
City-St-Zip: WASHINGTON, DC 20036

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
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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 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: LORETTA CASTALDI

VP

02/05/2008

Electronic Signature of Signing Officer or Director

Date