## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002397

Entity Name: STREET SMARTS COALITION INC.

FILED Apr 30, 2006 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
|                  |                       |                                  |

330 NE 34 STREET 15390 SW 269TH TERRACE MIAMI, FL 33137 US HOMESTEAD, FL 33032 US

Current Mailing Address: New Mailing Address:

330 NE 34 STREET 15390 SW 269TH TERRACE MIAMI, FL 33137 US MIAMI, FL 33032 US

FEI Number: 65-0845714 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

KILEY, MARION C
332 NE 34 ST
MIAMI, FL 33137 US

KILEY, MARION C MPA
15390 SW 269TH TERRACE
HOMESTEAD, FL 33032 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: MARION C KILEY 04/30/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CD () Delete
 Title:
 D (X) Change () Addition

 Name:
 KILEY, MARION C
 Name:
 KILEY, MARION C MPA

 Address:
 332 NE 34 STREET
 Address:
 15390 SW 269TH TERRACE

 City-St-Zip:
 MIAMI, FL 33137 US
 City-St-Zip:
 HOMESTEAD, FL 33032 US

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BRYANT, THOMAS E MD, JD
 Name:

 Address:
 1555 CONNECTICUT AVE NW, STE 200
 Address:

 City-St-Zip:
 WASHINGTON, DC 20036 US
 City-St-Zip:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 MICHAELS, ANNE M
 Name:
 MICHAELS, ANN M

 Address:
 2411 1/2 20TH STREET, NW #8
 Address:
 3501 38TH STREET, NW

 City-St-Zip:
 WASHINGTON, DC 20009 US
 City-St-Zip:
 WASHINGTON, DC 20016 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION C KILEY D 04/30/2006