

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90021 009 ***150.00

DOCUMENT # P00000046095 1. Entity Name SMART MATERIAL CORP.					
Principal Place of Business 4721 WHITE TAIL LANE SARASOTA, FL 34238			Mailing Address 46 N. WASHINGTON BLDG., #1 SARASOTA, FL 34236		
2. Principal Place of Business 2033 WOOD STREET			3. Mailing Address		
Suite, Apt. #, etc. SUITE 119			Suite, Apt. #, etc.		
City & State SARASOTA FL			City & State		
Zip 34237	Country	Zip	Country	4. FEI Number 59-3649926	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD., #1 SARASOTA, FL 34236				7. Name and Address of New Registered Agent	
8. 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. I am familiar with, and accept the obligations of registered agent.				Name Street Address (P.O. Box Number is Not Acceptable) City	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input type="checkbox"/> Delete DAUE, THOMAS 4721 WHITE TAIL LANE SARASOTA, FL 34238		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2033 WOOD STREET - SUITE 119 SARASOTA, FLORIDA 34237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SCHONECKER, ANDREAS 4721 WHITE TAIL LANE SARASOTA, FL 34238		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SEFFNER, LUTZ 4721 WHITE TAIL LANE SARASOTA, FL 34238		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HEPPT, MARTINA 2033 WOOD STREET - SUITE 119 SARASOTA, Florida 34237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D SCHMITT-WALTER, STEFAN 2033 WOOD STREET - SUITE 119 SARASOTA, FLORIDA 34237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(941) 365-9121 <small>Date Daytime Phone #</small>		
THOMAS DAUE, President					

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