

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046095

Entity Name: SMART MATERIAL CORP.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

1990 MAIN STREET
SUITE 750
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1990 MAIN STREET
SUITE 750
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-3649926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.
46 NORTH WASHINGTON BLVD., #1
SARASOTA, FL 34236 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: DPTS () Delete
Name: DAUE, THOMAS
Address: 1990 MAIN STREET, SUITE 750
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: SCHULTZ, KATJA
Address: 1990 MAIN STREET, SUITE 750
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: SCHMITT-WALTER, STEFAN
Address: 1990 MAIN STREET, SUITE 750
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: PETERSEN, OLAV
Address: 1990 MAIN STREET, SUITE 750
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: SCOTT, WALTER
Address: 1990 MAIN STREET, SUITE 750
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAUER, KATJA
Address: 1990 MAIN STREET, SUITE 750
City-St-Zip: SARASOTA, FL 34236

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 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: THOMAS DAUE

DPTS

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date