

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000074919
1. Entity Name Smart Advertising, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4521 PGA Blvd., Suite 185 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Palm Beach Gardens, FL	City & State
Zip 33418	Country USA


DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1032836	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Marc B. Putterman	
Street Address (P.O. Box Number is Not Acceptable) 4521 PGA Blvd., Suite 185	
City Palm Beach Gardens	FL
	Zip Code 33418

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.

SIGNATURE  **President** **3/15/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--------------------------------------------------------------------------------------------	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE President	NAME Marc Putterman
STREET ADDRESS 243 Montant Drive	CITY-ST-ZIP Palm Beach Gardens, FL 33410
TITLE Vice President	NAME Jacqueline Putterman
STREET ADDRESS 243 Montant Drive	CITY-ST-ZIP Palm Beach Gardens, FL 33410
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

11.	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
	TITLE NAME	STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **President** **3/15/2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(561) 827-7270