


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000008729 1. Entity Name BRAINSMART INC.	
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Principal Place of Business 127 WEST FAIRBANKS AVENUE #235 WINTER PARK, FL 32789	Mailing Address 127 WEST FAIRBANKS AVENUE #235 WINTER PARK, FL 32789
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04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4262132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILSON, DONNA 127 W. FAIRBANKS AVENUE, #235 WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CONYERS, MARCUS 106 S. INTERLACHEN AVENUE, #217 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILSON, DONNA 106 S. INTERLACHEN AVENUE, #217 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/17/06-80123-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **MARCUS CONYERS** 4/28/2006 407 740 889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #