2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 06, 2007
Secretary of State

DOCUMENT# P01000078496

Entity Name: SMART BANK SYSTEMS INC.

Current Principal Place of Business:

490 NORTH STREET
SUITE 108
LONGWOOD, FL 32750

New Principal Place of Business:

124 WISTERIA DRIVE
LONGWOOD, FL 32779 US

Current Mailing Address:

490 NORTH STREET
SUITE 108
LONGWOOD, FL 32750

New Mailing Address:

124 WISTERIA DRIVE
LONGWOOD, FL 32779 US

FEI Number: 59-3735436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALLEN, PHILLIP
124 WISTERIA DRIVE
LONGWOOD, FL 32779 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

OFFICERS AND DIRECTORS:

Title: P/OD ( ) Delete
Name: ALLEN, PHILLIP
Address: 124 WISTERIA DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

Title: O/D ( ) Delete
Name: ALLEN, LESLIE GOODMAN
Address: 124 WISTERIA DR.
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O/D (X) Change ( ) Addition
Name: CONNER, CHRIS C
Address: 505 MATILDA PLACE
City-St-Zip: LONGWOOD, FL 32750 US

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: P.M. ALLEN PRES 11/06/2007
Electronic Signature of Signing Officer or Director Date