2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037183

Entity Name: SMART ASSETS MGMT., INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5495 BRYSON DR. SUITE 421 5495 BRYSON DR NAPLES, FL 34109

SUITE 421

NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

5495 BRYSON DR. SUITE 421 5495 BRYSON DR NAPLES, FL 34109 SUITE 421

NAPLES, FL 34109

FEI Number: 04-3650937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, CLINTON R WILSON, CLINTON R 3033 RIVIERA DRIVE 5495 BRÝSON DR SUITE 421 SUITE 102 NAPLES, FL 34103 US NAPLES, FL 34109 US

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: 01/07/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition () Delete Title: PRFS

WILSON, CLINTON R WILSON, CLINTON R Name: Name: 3033 RIVIERA DR STE 102 Address: 5495 BRYSON DR #421 Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34109

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: CLINTON R. WILSON **PRES** 01/07/2009