## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000069615

Entity Name: SMART SCHOOLS, INC.

City-St-Zip:

GULF BREEZE, FL 32561

FILED May 25, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2311 N 12TH AVE 2311 N 12TH AVE PENSACOLA, FL 32503 PENSACOLA, FL 32503 US **Current Mailing Address: New Mailing Address:** 2311 N 12TH AVE P.O. BOX 12044 PENSACOLA, FL 32503 PENSACOLA, FL 32591 US FEI Number: 06-1638398 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: COMMITTE, BRUCE ESQ 17 S PALAFOX ST, STE 306 PENSACOLA, FL 32501 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition CUPIT, BARBARA Name: Name: 4914 RAVENSWOOD AVE Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition DUCKWORTH, LANITA Name: Name: SOELZER, JAN B 111 HART DR 303 BEAR DR Address: Address: GULF BREEZE, FL 32561 PENSACOLA, FL 32503 City-St-Zip: City-St-Zip: Title: Title: DVT (X) Delete () Change () Addition SOELZER, JAN B Name: Name: 303 BEAR DR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: JAN SOELZER DVT 05/25/2006