
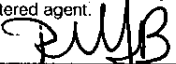



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90040 043 ***150.00

DOCUMENT # P02000095438 1. Entity Name SMART SITES, INC.					
Principal Place of Business 692 JAMESTOWN BLVD STE 2246 ALTAMONTE SPRINGS, FL 32714			Mailing Address 692 JAMESTOWN BLVD STE 2246 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 256 Three Islands Blvd.		3. Mailing Address 256 Three Islands Blvd			
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204			
City & State Hallandale Beach FL		City & State Hallandale Beach		4. FEI Number 20-0001577	
Zip 33009		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip FL 33009		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSCHLEN, PAOLA 692 JAMESTOWN BLVD STE 2246 ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  PAOLA BUSCHLEN / VP 02/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BUSCHLEN, JONATHAN J 692 JAMESTOWN BLVD STE 2246 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BUSCHLEN, JONATHAN J. 256 Three Islands Blvd, Ste 204 Hallandale Beach, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BUSCHLEN, PAOLA 692 JAMESTOWN BLVD STE 2246 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BUSCHLEN, PAOLA 256 Three Islands Blvd, Ste 204 Hallandale Beach, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  PAOLA BUSCHLEN / VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02/10/04 954-456-9843 <small>Date Daytime Phone #</small>		