2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# P03000010901

Entity Name: A SMART WAY TO PAY, INC.

Current Principal Place of Business:

4688 34TH AVENUE N.
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

4688 34TH AVENUE N.
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 32-0050567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRONE, NAREE
4688 34TH AVENUE N.
ST. PETERSBURG, FL 33713

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. ( ) Change (X) Addition
Name: CRONE, NAREE F PRESID
Address: 4688 34TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: MR. ( ) Change (X) Addition
Name: BRADEN, GURNEE O VP
Address: 4688 34TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: MR. ( ) Change (X) Addition
Name: BRADEN, JOHN O DIRECT
Address: 9700 2ND ST N
City-St-Zip: ST. PETERSBURG, FL 33702 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NAREE CRONE MS. 04/20/2004

Electronic Signature of Signing Officer or Director — Date