


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90098 002 \*\*\*150.00

<b>DOCUMENT # P03000040276</b>	
1. Entity Name <b>SMART RENOVATIONS, INC.</b>	

Principal Place of Business <b>577 CALIBRE CREST PKWY APT. #104 ALTAMONTE SPRINGS, FL 32714 US</b>	Mailing Address <b>577 CALIBRE CREST PKWY APT. #104 ALTAMONTE SPRINGS, FL 32714 US</b>
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2. Principal Place of Business - No P.O. Box # <b>628 EASTWOOD COURT</b>	3. Mailing Address <b>628 EASTWOOD COURT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ALTAMONTE SPRINGS</b>	City & State <b>ALTAMONTE SPRINGS</b>
Zip <b>32714</b>	Country <b>USA</b>

03092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>51-0458036</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>PAVON, ARIEL 577 CALIBRE CREST PKWY APT. #104 ALTAMONTE SPRINGS, FL 32714</b>	7. Name and Address of New Registered Agent Name <b>PAVON, ARIEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>628 EASTWOOD COURT</b> City <b>ALTAMONTE SPRINGS</b> FL Zip Code <b>32714</b>
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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 _____	DATE <b>03/09/07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAVON, ARIEL 577 CALIBRE CREST PKWY #104 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAVON, ARIEL 628 EASTWOOD COURT ALTAMONTE SPRINGS, FL 32714 <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
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 exemptions contained 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 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.	
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SIGNATURE: _____	DATE <b>03/09/07</b>	DAYTIME PHONE # <b>321 227 1582</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		