

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000064082

FILED
Jun 22, 2009
Secretary of State**Entity Name:** SMART CHOICE CONSULTING, INC.**Current Principal Place of Business:**6565 TAFT STREET
SUITE 404
HOLLYWOOD, FL 33024 US**New Principal Place of Business:**5796 SW 89TH LANE
COOPER CITY, FL 33328 US**Current Mailing Address:**6565 TAFT STREET
SUITE 404
HOLLYWOOD, FL 33024 US**New Mailing Address:**5796 SW 89TH LANE
COOPER CITY, FL 33328 US**FEI Number:** 56-2361314**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DRADA, PATRICIA PRES
6565 TAFT STREET
SUITE 404
HOLLYWOOD, FL 33024 US**Name and Address of New Registered Agent:**DRADA, PATRICIA PRES
5796 SW 89TH LANE
COOPER CITY, FL 33328 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: PATRICIA DRADA

06/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PRES () Delete
Name: DRADA, PATRICIA PRES
Address: 6565 TAFT STREET / SUITE 404
City-St-Zip: HOLLYWOOD, FL 33024 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: DRADA, PATRICIA PRES
Address: 5796 SW 89TH LANE
City-St-Zip: COOPER CITY, FL 33328 US

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: PATRICIA DRADA

PRES

06/22/2009

Electronic Signature of Signing Officer or Director

Date