2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

DOCUMENT# P03000128240

Entity Name: SMART MONEY FINANCIAL CORP.

Current Principal Place of Business:

5310 LENOX AVENUE
15
JACKSONVILLE, FL 32205

New Principal Place of Business:

7035 PHILIPS HWY
17
JACKSONVILLE, FL 32216

Current Mailing Address:

5310 LENOX AVENUE
15
JACKSONVILLE, FL 32205

New Mailing Address:

7035 PHILIPS HWY
17
JACKSONVILLE, FL 32216

FEI Number: 20-0370552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DC FINANCIAL SOLUTIONS INC
1236 S. MCDUFF AVE.
SUITE 109
JACKSONVILLE, FL 32205 US

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

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:

Title: P ( ) Delete
Name: PITTMAN, KELVIN L
Address: 6610 JUNIPER CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: V ( ) Delete
Name: GOODEN, LAWRENCE
Address: 550 WATER STREET SUITE 1359
City-St-Zip: JACKSONVILLE, FL 32202

Title: S ( ) Delete
Name: PITTMAN, SEBERINA
Address: 6610 JUNIPER CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: T ( ) Delete
Name: ROGERS, CHARLENE
Address: 5732 NORMANDY BLVD. #8
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: COLEMAN, SAMUEL
Address: 5732 NORMANDY BLVD. #8
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PITTMAN, KELVIN L
Address: 7035 PHILIPS HWY #17
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: PITTMAN, SEBERINA
Address: 7035 PHILIPS HWY SUITE 17
City-St-Zip: JACKSONVILLE, FL 32216

Title: T (X) Change ( ) Addition
Name: TIMMONS, GABRIEL
Address: 8434 ALLWINE CT.
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KELVIN LAMAR PITTMAN SR. P 06/02/2009

Electronic Signature of Signing Officer or Director — Date