
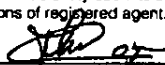



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90016 042 \*\*\*150.00

<b>DOCUMENT # P04000133383</b> 1. Entity Name <b>SMARTPLUS CONTRACTORS INC.</b>					
Principal Place of Business <b>10033 BELLWOOD CT ORLANDO, FL 32821</b>				Mailing Address <b>10033 BELLWOOD CT ORLANDO, FL 32821</b>	
2. Principal Place of Business <b>10033 Bellwood ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>10033 Bellwood ct.</b> Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b> Zip <b>32821</b>		City & State <b>Orlando FL</b> Zip <b>32821</b>		4. FEI Number <b>651233171</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>Orange</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUSINESS FILINGS INC 660 E JEFFERSON STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>05-09-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MARTINEZ, FRANCISCO 10033 BELLWOOD CT ORLANDO, FL 32821 <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	ST MARTINEZ, YESENIA 10033 BELLWOOD CT ORLANDO, FL 32821 <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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04272005 Chg-P CR2E034 (10/03)