2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Aug 22, 2006 8:00 am DOCUMENT # P05000003247 Secretary of State 08-22-2006 90031 032 \*\*\*150.00 SMARTCHOICE TEAM, INC. Principal Place of Business Mailing Address 8406 STANIEL CAY 8406 STANIEL CAY WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address 1135 ESSEX 1135 GSSRX Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4 FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD. #221E Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 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 FILE NOW!! FEE IS \$550.00 OUE BY September 6, 2006 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies did not receive prior notice. Fee to file is \$150,00. Trust Fund Contribution. Added to Fees not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete IM.E Change ☐ Addition GUERRERA, KITTIĘ NAME NAME 8406 STANIEL CAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-ZIP CiTY-ST-ZIP TITLE . Delete TITLE ☐ Change Addition TEMPLETON, JOHN NAME NAME 8406 STANIEL CAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITE ☐ Change ☐ Addition TEMPLETON, ANGELA NAME 8406 STANIEL CAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-ZIP CITY - ST - ZIP TILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED