## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P0500001034	D(	OC	UM	IEN <sup>*</sup>	T #	P05	5000	001	034	9
------------------------	----	----	----	------------------	-----	-----	------	-----	-----	---

1. Entity Name SMART CONNECT, INC.



**FILED** Mar 31, 2008 08:00 A Secretary of State

Principal Place of Business

434 NORTH 7TH ST FT. PIERCE, FL 34950 Mailing Address

434 NORTH 7TH ST FT. PIERCE, FL 34950



03272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number

52-2450141

5. Certificate of Status Desired

\$8.75 Additional

Not Applicable

6. Name and Address of Current Registered Agent

FOLBRECHT, MELVIN T 434 NORTH 7TH ST FT. PIERCE, FL 34950

٠	1	٠.	a		7	١	4	r	•	٠	•	:	1	L	н	ď	1	٧,		Ŧ	•	•	1		н	1	4	į	•	1		1	•	1		٠		•••
:	:	::	į	Ċ	j	7	١	Ĺ,	٠	ř	:	:	1	1	ij	ł	Ċ	j	•	Ĭ	:	;	:	ŕ	Ą	Ì		۲	ζ	ì	:	ı	•	۱	С	•	٠.	:
÷	1			ž	1	ı,		ß	•	÷	•	٩	•	ч	ŀ	E	1	4		è		1	c	k	ľ	,	Ł	J	Ł	2	,	7		а	•			
	1	٤.		ŧ	1	ľ	٠	ı	:		:			1	۰	1	1	3	Ф,	'n	٠:			×	П	Ë	۳,	£	3	1	:	٠.	ď	2	•	١:	:	::
,				я	4	ŧ	3	H			٠	Į.	١.,	8	1	ĸ	4	7	w	r		.4	٠.	e	ı,	١.	8		7	ŀ.	•	ø	4	٠	24	١.		٠.
;				::		::			:		:	:	:	:						•	٠.	•	••		•	٠,		: :	::	•		٠			••			••

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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

OFFICERS AND DIRECTORS 10. PDT TITLE FOLBRECHT MEL JR NAME STREET ADDRESS 434 NORTH 7TH ST. FT. PIERCE, FL 34950 CITY-ST-ZIP DVPS TITLE EGERS, DAVID NAME 3784 SW QUAIL MEADOW RAIL-C STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34950 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 possess in Block 10 or Block 11 if changed, or on an attaching