

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

9/13/2007-90001-044-\$150.00-\$150.00

**DOCUMENT # P05000025813**

1. Entity Name  
**SMART CENTS, INC.**



Principal Place of Business <b>27000 SOUTH DIXIE HWY NARANJA, FL 33032</b>	Mailing Address <b>27000 SOUTH DIXIE HWY NARANJA, FL 33032</b>
---	---

**DO NOT WRITE IN THIS SPACE**

**FILED**

2007 OCT -9 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>61-1474482</b>	Applied For Not Applicable
------------------------------------	-------------------------------

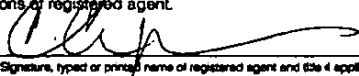
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CIPRIANI, CHOYLAN  
27000 SOUTH DIXIE HWY  
NARANJA, FL 33032**

**DO NOT WRITE  
IN THIS SPACE**

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:  **Choylan CIPRIANI - OWNER** DATE: **9/14/07**

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

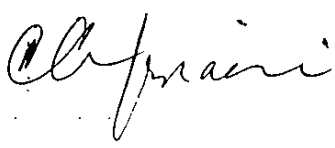
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CIPRIANI, CHOYLAN 27000 SOUTH DIXIE HWY NARANJA, FL 33032</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CIPRIANI, KESA 27000 SOUTH DIXIE HWY NARANJA, FL 33032</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CIPRIANI, GABRIEL JR 27000 SOUTH DIXIE HWY NARANJA, FL 33032</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**(DIRECTOR)**

 **CHOYLAN CIPRIANI** 9/14/07 305-984-5213

10/11/07