

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060344

FILED
Apr 24, 2008
Secretary of State

Entity Name: SMART START TUTORING, INC.

Current Principal Place of Business:

1440 REED CANAL RD
SUITE 104
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

1440 REED CANAL RD
SUITE 104
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 34-2050716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIS, STACEY
2525 MILTON AVE
NEW SMYRNA, FL 32168 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ELLIS, STACEY
Address: 2525 MILTON AVE
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: OFF () Delete
Name: PAPADEAS, DEAN G
Address: 2461 PALMETTO CIRCLE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: OFF () Change (X) Addition
Name: ELLIS II, ERIC T
Address: 2525 MILTON AVE
City-St-Zip: NEW SMYRNA, FL 32168

Title: OFF () Change (X) Addition
Name: CYNTHIA, PAPADEAS
Address: 2461 PALMETTO CIRCLE
City-St-Zip: SOUTH DAYTONA, FL 32119

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: STACEY ELLIS

DPT

04/24/2008

Electronic Signature of Signing Officer or Director

Date