## 2007 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** -Mar 16, 2007 08:00 AN DOCUMENT # P05000090964 ' **Secretary of State** 1. Entity Name SMARTASSTEES.COM, INC. Principal Place of Business Mailing Address 290 SW 12TH AVE 290 SW 12TH AVE DEERFIELD BCH, FL 33442 DEERFIELD BCH, FL 33442 01182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 13-4304015 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BLANCO, CAROLLYNN S DO NOT WRITE 290 SW 12TH AVE DEERFIELD BCH, FL 33442 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. 3/12/07 GEORGE SABGA JR

Applied For

\$8.75 Additional

Fee Required

Not Applicable

SIGNATURE.	Signature, typical or printed hame of registered agent and title	if applicable (NOTE, Regis	stered Agent signature	required when reinstalling)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Slection Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	OTORS		<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLANCO, CAROLLYNN S 290 SW 12TH AVE DEERFIELD BCH, FL 33442	,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SABGA, GEORGE JR 290 SW 12TH AVE DEERFIELD BCH, FL 33442				03/27/07-80017- 03/27/07-80017-	016 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·	

12. Thereby certify that the information supplied with this filling 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: