
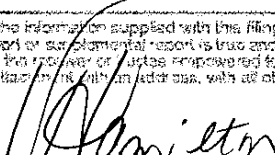


FILED
Aug 07, 2006 8:00 am
Secretary of State

00024456

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P05000135287 1. Entity Name SMART HEALTH, INC. | |  | | Secretary of State 08-07-2006 90042 045 ***150.00 | |
| Principal Place of Business 7649 RICHLAND STREET WESLEY CHAPEL, FL 33544 US | | Mailing Address 7649 RICHLAND STREET WESLEY CHAPEL, FL 33544 US | | 00044456 | |
| 2. Principal Place of Business | | 3. Mailing Address | | 07042006 Chg-P CR2E034 (11/05) | |
| State, Apt. #, etc. | | State, Apt. #, etc. | | 4. FEI Number 20-3359068 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HAMILTON, ROBERT G 7649 RICHLAND STREET WESLEY CHAPEL, FL 33544 | | | | 7. Name and Address of New Registered Agent City FL Zip Code | |
| 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 \$150.00 Due by September 6, 2006 | | 9. Election Campaign Financing Truth Fund Contribution <input type="checkbox"/> \$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 | | 11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if 11) | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | P HAMILTON, ROBERT G 7649 RICHLAND STREET WESLEY CHAPEL, FL 33544 | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | VP HAMILTON, VICTORIA H 7649 RICHLAND STREET WESLEY CHAPEL, FL 33544 | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| 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 member or partner 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 attached list, with all other fees empowered. | | | | | |
| SIGNATURE:  | | | | | |

ATTACHMENT

Vicki Hamilton

50024456
#P05002135287

From: <DSmith987@aol.com>
To: <vhhamilton@earthlink.net>
Cc: <smarthealth@earthlink.net>; <bobsaccting@yahoo.com>
Sent: Wednesday, August 02, 2006 5:37 PM
Attach: Annual notice 1 of 2.pdf; Annual notice 2 of 2.pdf; Corporate report 2006.pdf; Dissolution notice 1 of 2.pdf; Dissolution notice 2 of 2.pdf
Subject: Annual report for 2006

Vicki,

Following is what it looks to me like needs to be done to file the 2006 annual report with the State of Florida for Smart Health Incorporated. By a copy of this eMail, I ask Bob Coulter for confirmation and any additional information.

Attached is a copy of the 2006 annual report form you provided, which I have reviewed, along with copies of the annual report notice and dissolution notice.

1. Please include in box 4, your FEI, which is 20 3359068.
2. If you wish a certificate of status, indicate such and include an additional \$8.75 fee.
3. If you exercise box 9, include an additional \$5.00 fee.
4. Sign in box 12.
5. As I understand it, you did not receive notice for filing the annual report prior to May 1, 2006. If so, you need to include a letter saying such and requesting the \$400.00 penalty be waived.
6. Submit the report with the appropriate fee: \$150.00 filing fee plus any additional fees listed above.

Keep a copy of everything you submit, and document the mailing date. A good way to make sure your report and payment were received, is to request a certificate of status (until the annual report is received and processed, a certificate cannot be issued). You need to verify at some point after the report and payment are submitted but before August 20, 2006 that the report and payment have been received and processed. This gives you 10 days to get things sorted out of the report has not been received and processed.

I will also mail the forms and envelope you provided, back to you.

You may be able to accomplish the filing and payment at sunbiz.org.

Regards.

David L Smith

Associate
Bobs Accounting Service Incorporated

5324 Winhawk Way
Lutz, Florida 33558 8036
Phone 813 928 1397
Fax 813 969 0458
eMail dsmith987@aol.com

8/2/2006

ATTACHMENT

500244536
#POS000135287

Smart Health, Inc.
7649 Richland Street
Wesley Chapel, Florida 33544-2644
813.994.5399
www.SmartHealthRates.com
SmartHealth@Earthlink.net

August 2, 2006

Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

Reference: **\$400.00 Penalty for failure to file/pay fee**

To Whom It May Concern,

We did NOT receive notice to file the annual report prior to May 1, 2006, please, waive the \$400.00 penalty.

Thanks in Advance,


Victoria H. Hamilton

Vh/VH

Cc: file, Bob's acctg, DOC Tallahassee