## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED **DOCUMENT # P05000142574** SMART MONITORS, INC. 07 APR 30 AM 10: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3116 WEST THARPE STREET 3116 WEST THARPE STREET TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04232007 Chg-P City & State 4. FEI Number City & State Applied For APPLIED FOR Not Applicable Žip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIDLEY, DENNIS Street Address (P.O. Box Number is Not Acceptable) 9004 GLEN EAGLE WAY TALLAHASSEE, FL 32312 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. President TITLE ☐ Delete TITLE □ Change Ridley, Dennis 9004 Glen Eagle Way Tallahassee, FC 32312 RIDLEY, DENNIS NAME NAME STREET ADDRESS 9004 GLEN EAGLE WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP Vice President Andrew Ridley TITLE ☐ Defete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 1504 Bay Road # 1905 CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL 33139 Secretary Andrew Ridley TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 1504 Bay Road #1905 CITY-ST-ZIP CITY-ST-ZIP Miani Beach, FL 33139 TITLE ☐ Delete TITLE Treasurer Jon Ridley Change Addition NAME NAME 1504 Bay Road #1905 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Beach Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 500102215185 05/11/07--01031--013 \*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Floride 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. 4-24-2007 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR