2008 FOR PROFIT CORPORATION

ANNUAL REPORT SECRETARY OF STATE **DOCUMENT # P05000142574** TALLAHASSEE, FLORIDA SMART MONITORS, INC. 08 APR 29 AMII: 15 Mailing Address Principal Place of Business 3116 WEST THARPE STREET 3116 WEST THARPE STREET TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 04272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0577679 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIDLEY, DENNIS DO NOT WRITE 9004 GLEN EAGLE WAY TALLAHASSEE, FL 32312 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RIDI FY DENNIS NAME 900126765829 04/29/08--01010--018 **150.00 9004 GLEN EAGLE WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 VΡ TITLE NAME RIDLEY, ANDREW STREET ADDRESS 1504 BAY ROAD, #1905 MIAMI BEACH, FL 33139 CITY-ST-ZIP MLE RIDLEY, ANDREW NAME 1504 BAY ROAD, #1905 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI BEACH, FL 33139 IN THIS SPACE TITLE RIDLEY, JON NAME 1504 BAY ROAD, #1905 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE: