

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052126

FILED
Apr 17, 2007
Secretary of State

Entity Name: SMART CHOICE TRAVEL INC.

Current Principal Place of Business:

806 SENECA MEADOWS RD
WINTER SPRINGS, FL 32708

New Principal Place of Business:

525 S. RONALD REAGAN BLVD
#153
LONGWOOD, FL 32750

Current Mailing Address:

806 SENECA MEADOWS RD
WINTER SPRINGS, FL 32708

New Mailing Address:

525 S. RONALD REAGAN BLVD
153
LONGWOOD, FL 32750

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REPEDE, JEFF
806 SENECA MEADOWS RD
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

REPEDE, JEFF
525 S. RONALD REAGAN BLVD
153
LONGWOOD, FL 32750 US

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: JEFF REPEDE

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REPEDE, JEFF
Address: 806 SENECA MEADOWS RD
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REPEDE, JEFF
Address: 525 S. RONALD REAGAN BLVD #153
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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: DON WILLIAMS

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date