2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# P06000085911

Entity Name: SMART PLAN SERVICES CORPORATION

Current Principal Place of Business:

850 NW FEDERAL HWY #235
STUART, FL 34994

New Principal Place of Business:

850 NW FEDERAL HWY #225
STUART, FL 34994

Current Mailing Address:

850 NW FEDERAL HWY #235
STUART, FL 34994

New Mailing Address:

850 NW FEDERAL HWY #225
STUART, FL 34994

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELLIARD, WILLIAM
850 NW FEDERAL HWY #235
STUART, FL 34994 US

Name and Address of New Registered Agent:

BELLIARD, WILLIAM
850 NW FEDERAL HWY #225
STUART, FL 34994 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: WILLIAM BELLIARD 04/17/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BELLIARD, WILLIAM
Address: 850 NW FEDERAL HWY., STE. 235
City-St-Zip: STUART, FL 34994

Title: V ( ) Delete
Name: MILIAN, OSMANY
Address: 850 NW FEDERAL HWY., STE. 235
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BELLIARD, WILLIAM
Address: 850 NW FEDERAL HWY., STE. 225
City-St-Zip: STUART, FL 34994

Title: V (X) Change ( ) Addition
Name: MILIAN, OSMANY
Address: 850 NW FEDERAL HWY., STE. 225
City-St-Zip: STUART, FL 34994

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: WILLIAM BELLIARD P 04/17/2007
Electronic Signature of Signing Officer or Director Date