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May 21, 2007 8:00 am
Secretary of State

05-21-2007 90054 030 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000094709

1. Entity Name
SMART CREDIT SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1985 S. SEMORAN BLVD. APT. C ORLANDO, FL 32822 US	3936 S. SEMORAN BLVD. SUITE 475 ORLANDO, FL 32822 US

05182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
9007 Fort Jefferson			
Suite, Apt. #, etc. Blvd		Suite, Apt. #, etc.	
City & State Orlando FL		City & State	
Zip 32822	Country U.S.A.	Zip	Country

4. FEI Number 20-5235158 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRUZ, ANALIZA
1985 S. SEMORAN BLVD.
APT. C
ORLANDO, FL 32822

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	CRUZ, ANALIZA		NAME	
STREET ADDRESS	1985 S. SEMORAN BLVD. APT. C		STREET ADDRESS	9007 Fort Jefferson Blvd.
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	Orlando FL 32822
TITLE	VP	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SANTIAGO, JORGE		NAME	
STREET ADDRESS	1985 S. SEMORNA BLVD. APT. C		STREET ADDRESS	9007 Fort Jefferson Blvd.
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	Orlando FL 32822
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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, 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: Analiza Cruz - Analiza Cruz 05-15-07 407-926-8972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #