

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079257

Entity Name: SMART RIDE, INC.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

509 LIVE OAK
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

509 LIVE OAK
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 26-0547886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNDELL, GEORGE T
509 LIVE OAK
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUNDELL, GEORGE T
Address: 509 LIVE OAK
City-St-Zip: EDGEWATER, FL 32132

Title: D () Delete
Name: PETERSON, JEFFREY L
Address: 3122 WILLOW OAK
City-St-Zip: EDGEWATER, FL 32141

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: PETERSON, BRIAN S
Address: 206 DUNE CIRCLE
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: VP () Change (X) Addition
Name: HIGUERA, LOUIS
Address: 42 LOGGERHEAD CT
City-St-Zip: PONCE INLET, FL 32127

I hereby certify that the information supplied with this filing does not qualify 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: ERIN ALEXANDER

ACCT

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date