## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 22, 2008 08:00 AM DOCUMENT # P96000071515 **Secretary of State** SMART VENTURES, INC. Principal Place of Business 812 FAIRWAY DR P.O. BOX 1044. NEW SMYRNA BEACH, FL 32168 US NEW SMYRNA BEACH, FL 32170, US 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3430220 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, JUDY FAYE DO NOT WRITE 812 FAIRWAY DRIVE NEW SMYRNA BEACH, FL 32168 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signsture required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME JONES, JUDY FAYE STREET ADDRESS **812 FAIRWAY DRIVE** CITY-ST-ZIP NEW SMYRNA BEACH, FL TITLE STREET ADDRESS CITY-ST-ZIP U00000790029 01/23/08-80019-006 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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:

IME NAME STREET ADDRESS CITY-ST-ZIP

1/16/08

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