


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90058 026 ***150.00

DOCUMENT # P97000077303	
1. Entity Name SMART FINANCE, INC.	

Principal Place of Business 3100 CLAY ST SUITE 275 ORLANDO, FL 32804	Mailing Address 3100 CLAY ST SUITE 275 ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3467827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, STUART A
3100 CLAY ST
SUITE 275
ORLANDO, FL 32804**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST KRAMER, STUART A 3100 CLAY ST SUITE 275 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HAMNER, DWAYNE R 3100 CLAY ST SUITE 275 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KRAMER, SOMNER 3100 CLAY ST SUITE 275 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Stuart Kramer **STUART KRAMER** 2/14/2008 407-896-9059

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone