


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90394 015 \*\*\*150.00

<b>DOCUMENT # P97000100477</b>		
1. Entity Name <b>SMARTTECH, INC.</b>		

Principal Place of Business <b>3685 NW 15TH ST. LAUDERHILL, FL 33311</b>	Mailing Address <b>3685 NW 15 ST. LAUDERHILL, FL 33311</b>
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2. Principal Place of Business <b>11929 E. COLONIAL DR.</b>	3. Mailing Address <b>11929 E. COLONIAL DR.</b>
Suite, Apt. #, etc. <b># 187</b>	Suite, Apt. #, etc. <b># 187</b>

City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32826</b>	Country <b>USA</b>
Zip <b>32826</b>	Country <b>USA</b>

04172006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>BACELLAR, PAULO R. A. 3685 NW 15TH ST. LAUDERHILL, FL 33311</b>	
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4. FEI Number <b>65-0799756</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

7. Name and Address of New Registered Agent Name <b>BACELLAR, PAULO R.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>11929 E. COLONIAL DRIVE, STE # 187</b>	
City <b>ORLANDO</b>	FL Zip Code <b>32826</b>

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 *Paulo Bacellar* **PAULO BACELLAR, MGR.**  
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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BACELLAR, PAULO R. A.</b>	
STREET ADDRESS <b>5453 NW 106 DR.</b>	
CITY-ST-ZIP <b>CORAL SPRINGS, FL 33067</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>NOGUEIRA, JOSE R</b>	
STREET ADDRESS <b>AV. BRIG. FARIA LIMA, 613/101</b>	
CITY-ST-ZIP <b>SAO PAULO, SP BRAZIL.</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>RODRIGUEZ, SERGIO R</b>	
STREET ADDRESS <b>RUA TUGUNA, 659 APT. 41</b>	
CITY-ST-ZIP <b>SAO PAULO, SP, BRAZIL.</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jose Ricardo A. Nogueira* **JOSE RICARDO A. NOGUEIRA, DIR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #