

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000096686

FILED
Nov 24, 2004
Secretary of State

Entity Name: TECHSMART, INC.

Current Principal Place of Business:

219B EASTPARK DR.
CELEBRATION, FL 34747

New Principal Place of Business:

219B EASTPARK DR.
CELEBRATION, FL 34747 US

Current Mailing Address:

P.O. BOX 470366
CELEBRATION, FL 34742

New Mailing Address:

219 B EAST PARK DR.
CELEBRATION, FL 34747 US

FEI Number: 59-3605388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUESADA, MONICA
219 EAST PARK DR.
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

NIELSEN, MONICA
219 B EAST PARK DR.
CELEBRATION, FL 34747 US

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: MONICA NIELSEN

11/24/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: QUESADA, MONICA
Address: 219 EASTPARK DR.
City-St-Zip: CELEBRATION, FL 34747

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NIELSEN, MONICA
Address: 219 EASTPARK DR.
City-St-Zip: CELEBRATION, FL 34747 US

Title: SECT () Change (X) Addition
Name: NIELSEN, MONICA
Address: 219B EASTPARK DRIVE
City-St-Zip: CELEBRATION, FL 34747

Title: TRES () Change (X) Addition
Name: NIELSEN, MONICA
Address: 219 EASTPARK DRIVE
City-St-Zip: CELEBRATION, FL 34747 US

Title: DIR () Change (X) Addition
Name: MONICA, NIELSEN
Address: 219 EASTPARK DRIVE
City-St-Zip: CELEBRATION, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MONICA NIELSEN

DIRE

11/24/2004

Electronic Signature of Signing Officer or Director

Date