

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S45046

Entity Name: SMARTCERTIFY DIRECT, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

25400 US HWY 19
SUITE 285
CLEARWATER, FL 33763 US

New Principal Place of Business:

Current Mailing Address:

25400 US HWY 19 N.
SUITE 285
CLEARWATER, FL 33763 US

New Mailing Address:

FEI Number: 59-3049917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: COBC () Delete
Name: PRIEST, GREGORY M
Address: 107 NORTHEASTERN BLVD
City-St-Zip: NASHUA, NH 03062

Title: CEOP () Delete
Name: MORAN, CHARLES
Address: 107 NORTHEASTERN BLVD
City-St-Zip: NASHUA, NH 03062

Title: CFOE () Delete
Name: MCDONALD, THOMAS
Address: 107 NORTHEASTERN BLVD
City-St-Zip: NASHUA, NH 03062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AMATO, ANTHONY
Address: 107 NORTHEASTERN BLVD
City-St-Zip: NASHUA, NH 03062

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

Title: CFOT (X) Change () Addition
Name: MCDONALD, THOMAS
Address: 107 NORTHEASTERN BLVD
City-St-Zip: NASHUA, NH 03062

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: THOMAS J. MCDONALD

CFOT

04/30/2007

Electronic Signature of Signing Officer or Director

Date