

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61342

Entity Name: SMART CONSULTING, INC.

FILED
Jan 17, 2006
Secretary of State

Current Principal Place of Business:

12734 KENWOOD LANE
#49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE
#49
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0264973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFFT, JUDITH
12734 KENWOOD LANE #49
FORT MYERS, FL 33907 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: DS () Delete
Name: SMART, PATRICA M
Address: 18520 TELEGRAPH CREEK LANE
City-St-Zip: ALVA, FL

Title: D () Delete
Name: SMART, ROBERT L.,
Address: 6151 LAURELWOOD DR.
City-St-Zip: FT. MYERS, FL

Title: DT (X) Delete
Name: SMART, WILLIAM M.,
Address: 916 READS RUN
City-St-Zip: TRAVERSE CITY, MI

Title: DV () Delete
Name: SCHAFFT, JUDITH
Address: 3704 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL

Title: P () Delete
Name: SMART, GERALD
Address: 18520 TELEGRAPH CREEK LANE
City-St-Zip: ALVA, FL 339203116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDITH SCHAFFT

VP

01/17/2006

Electronic Signature of Signing Officer or Director

Date