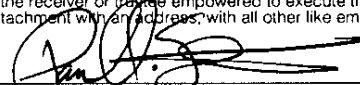


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90111 006 ***158.75

DOCUMENT # V14136 1. Entity Name S.M.R.T. OF FLORIDA, INC.			
Principal Place of Business P.O. BOX 618 PORTLAND, ME 04104 US		Mailing Address P.O. BOX 618 PORTLAND, ME 04104 US	
2. Principal Place of Business - No P.O. Box # 144 FORE ST		3. Mailing Address Suite, Apt. #, etc.	
City & State PORTLAND, ME		City & State City: Zip: Country:	
Zip: 04101 Country: USA		4. FEI Number 65-0313743	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, ARTHUR P 1540 BAY POINT DRIVE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: CD NAME: STEVENS, PAUL S STREET ADDRESS: C/O 144 FORE ST CITY-ST-ZIP: PORTLAND, ME 04101	<input type="checkbox"/> Delete	TITLE: TD NAME: SCOTT L. BENSON STREET ADDRESS: C/O 144 FORE ST CITY-ST-ZIP: PORTLAND, ME 04101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: HANSEN, JANET L STREET ADDRESS: C/O 144 FORE ST CITY-ST-ZIP: PORTLAND, ME 04101	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JUD, DENNIS V STREET ADDRESS: C/O 144 FORE ST CITY-ST-ZIP: PORTLAND, ME 04101	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: THOMPSON, ARTHUR P STREET ADDRESS: C/O 144 FORE ST. CITY-ST-ZIP: PORTLAND, ME 04101	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CUNNINGHAM, MICHAEL A STREET ADDRESS: C/O 144 FORE ST. CITY-ST-ZIP: PORTLAND, ME 04101	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: BELKNAP, ELLEN L STREET ADDRESS: C/O 144 FORE ST. CITY-ST-ZIP: PORTLAND, ME 04101	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		1/4/08 207-772-3846	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	