


04/22/2005 09:49 4079336599

PARK PLACE BE

FILED
Jun 07, 2005 8:00 am
Secretary of State

04-26-2005 90181 049 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000111896			
1. Entity Name SMARTKONCEPT, INC			
Principal Place of Business 3260 FALCON POINT DR KISSIMMEE, FL 34741		Mailing Address 3260 FALCON POINT DR KISSIMMEE, FL 34741	
2. Principal Place of Business 7110 DOVE HOLLOW CT		3. Mailing Address 7110 DOVE HOLLOW CT	
Subs., Apt. #, etc.		Subs., Apt. #, etc.	
City & State RICHMOND, TX		City & State RICHMOND, TX	
Zip 77469		Zip 77469	
Country		Country	
4. FEI Number 52-2382145		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCAJARNEV, NANCY A 103 PARK PLACE BLVD STE B-3 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name: XXXXXXXXXX Street Address (P.O. Box Number is Not Acceptable): XXXXXXXXXX City: XXXXXXXXXX FL 77469	
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 (X) _____		(X) _____	
Signature, typed or correct name of registered agent and file if applicable.		DATE	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEB 18 \$150.00 After May 1, 2005 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEDEDE, FELIX 3260 FALCON POINT DRIVE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7110 DOVE HOLLOW CT RICHMOND, TX 77469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(f), 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 assignment with an address, with all other fees empowered.			
SIGNATURE (X) _____		(X) 4/20/2005	
Signature and typed or correct name of domestic officer or director		DATE	

66022109



04202005 Chg-P CR2E034 (10/03)