

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P39622

1. Entity Name
OPERATION SMILE, INC.



Principal Place of Business
**6435 TIDEWATER DR
NORFOLK, VA 23509**

Mailing Address
**6435 TIDEWATER DR
NORFOLK, VA 23509**



02232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1460147

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERMAN, BRAD
8940 NORTH KENDALL DRIVE
SUITE 903-E
MIAM, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100011465411
03/22/06-80035-002 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
MAGEE, JR., WILLIAM P
6435 TIDEWATER DRIVE
NORFOLK, VA 23509**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MAGEE, KATHLEEN S
6435 TIDEWATER DRIVE
NORFOLK, VA 23509**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
GUIDO, RON
ROUTE 22 WEST
SOMERVILLE, NJ 08876**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
ZINN, E. WAYNE
6435 TIDEWATER DRIVE
NORFOLK, VA 23509**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
UNGER, HOWARD J
700 WESY 21ST STREET
NORFOLK, VA 23517**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
KANE, THOMAS F SR
14155 US HWY 1., STE 300
JUNO BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06

Date

757-321-7622

Daytime Phone #