


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P39622</b>	
1. Entity Name OPERATION SMILE, INC.	

Principal Place of Business 6435 TIDEWATER DR NORFOLK, VA 23509	Mailing Address 6435 TIDEWATER DR NORFOLK, VA 23509
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**DO NOT WRITE IN THIS SPACE**



02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-1460147	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  TRELEAVEN, CARL W 15208 GULF BLVD #407 MADEIRA BEACH, FL 33708
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000851053 03/25/08-80023-011 61.25
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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 TRELEAVEN, CARL 15208 GULF BLVD #407 MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ZINN, E. WAYNE 6435 TIDEWATER DRIVE NORFOLK, VA 23509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C 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 617, 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:** Melanie Tyler Melanie Tyler, VP of Finance 2/27/08 757-321-7645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)