

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39622

FILED
Apr 15, 2009
Secretary of State

Entity Name: OPERATION SMILE, INC.

Current Principal Place of Business:

6435 TIDEWATER DR
NORFOLK, VA 23509

New Principal Place of Business:

Current Mailing Address:

6435 TIDEWATER DR
NORFOLK, VA 23509

New Mailing Address:

FEI Number: 54-1460147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRELEAVEN, CARL W
15208 GULF BLVD #407
MADEIRA BEACH, FL 33708 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

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MAGEE, JR., WILLIAM P
Address: 6435 TIDEWATER DRIVE
City-St-Zip: NORFOLK, VA 23509 US

Title: P () Delete
Name: MAGEE, KATHLEEN S
Address: 6435 TIDEWATER DRIVE
City-St-Zip: NORFOLK, VA 23509 US

Title: VC () Delete
Name: TRELEAVEN, CARL
Address: 15208 GULF BLVD #407
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: COO () Delete
Name: ZINN, E. WAYNE
Address: 6435 TIDEWATER DRIVE
City-St-Zip: NORFOLK, VA 23509 US

Title: C () Delete
Name: UNGER, HOWARD J
Address: 700 WESY 21ST STREET
City-St-Zip: NORFOLK, VA 23517

Title: C () Delete
Name: KANE, THOMAS F SR
Address: 14155 US HWY 1., STE 300
City-St-Zip: JUNO BEACH, FL 33408

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: COO (X) Change () Addition
Name: UNGER, HOWARD
Address: 6435 TIDEWATER DRIVE
City-St-Zip: NORFOLK, VA 23509 US

Title: C (X) Change () Addition
Name: GREENHALGH, JEREMY
Address: 6435 TIDEWATER DRIVE
City-St-Zip: NORFOLK, VA 23509

Title: D (X) Change () Addition
Name: ENCINALES, FELIPE
Address: 6435 TIDEWATER DRIVE
City-St-Zip: NORFOLK, VA 23509

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE TYLER

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date