

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39622

Entity Name: OPERATION SMILE, INC.

Current Principal Place of Business:

6435 TIDEWATER DR
NORFOLK, VA 23509

Current Mailing Address:

6435 TIDEWATER DR
NORFOLK, VA 23509

FEI Number: 54-1460147

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title EC
Name MAGEE, JR., WILLIAM P
Address 6435 TIDEWATER DRIVE
City-State-Zip: NORFOLK VA 23509

Title P
Name MAGEE, KATHLEEN S
Address 6435 TIDEWATER DRIVE
City-State-Zip: NORFOLK VA 23509

Title CFO
Name KRAUS, TERESA
Address 6435 TIDEWATER DRIVE
City-State-Zip: NORFOLK VA 23509

Title CEO
Name KLIEWER, WILLIAM
Address 6435 TIDEWATER DRIVE
City-State-Zip: NORFOLK VA 23509

Title C
Name WILLIAM, FOX
Address 6435 TIDEWATER DRIVE
City-State-Zip: NORFOLK VA 23509

Title T
Name ENCINALES, FELIPE
Address 6435 TIDEWATER DRIVE
City-State-Zip: NORFOLK VA 23509

I hereby 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 all other like empowered.

SIGNATURE: TERESA M KRAUS

CFO

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date