

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