


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

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90476 033 \*\*\*\*62.50

**DOCUMENT # N04000010130**  
 1. Entity Name  
**I SMILE INC.**



Principal Place of Business  
**4560 SW 68 CIR - # 4**  
**MIAMI, FL 33155**

Mailing Address  
**4560 SW 68 CIR - # 4**  
**MIAMI, FL 33155**

**00017068**



02032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HUNT, JULIANA M**  
**4560 SW 68 CIR - # 4**  
**MIAMI, FL 33155**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUNT, JULIANA M 4560 SW 68 CIR - # 4 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUNT, A. CECILIA 6621 SW 64 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERNANDEZ, IVETTE 10365 NW 46 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLS, SUSAN 6730 SW 63 AVE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, JENNIFER 5525 NW 105 CT MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:** Juliana Hunt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06 3053028840  
Date Daytime Phone #