

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2009  
Secretary of State**

DOCUMENT# N08000004861

Entity Name: DESIGNER SMILES MISSION INC.

**Current Principal Place of Business:**

316 GROVELAND ST.  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

992 TURKEY HOLLOW CIRCLE  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

FEI Number: 74-3259010      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSPINA, MARIA C  
324 HENKER CIRCLE  
WINTER PARK, FL 32789      US

**Name and Address of New Registered Agent:**

OSPINA, MARIA C  
324 HENKLE CIRCLE  
WINTER PARK, FL 32789      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: \_\_\_\_\_ Date: 01/07/2009  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OSPINA, DIEGO L  
Address: 316 GROVELAND ST.  
City-St-Zip: ORLANDO, FL 32804

Title: VP ( ) Delete  
Name: OSPINA, MARIA C  
Address: 316 GROVELAND ST.  
City-St-Zip: ORLANDO, FL 32804

Title: T ( ) Delete  
Name: RODRIGUEZ, SALLY  
Address: 316 GROVELAND ST.  
City-St-Zip: ORLANDO, FL 32804

Title: S ( ) Delete  
Name: OSPINA, EMELIA  
Address: 316 GROVELAND ST.  
City-St-Zip: ORLANDO, FL 32804

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SALLY RODRIGUEZ      T      Date: 01/07/2009  
Electronic Signature of Signing Officer or Director