

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: _____ 01/07/2009
Electronic Signature of Registered Agent Date

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 01/07/2009
Electronic Signature of Signing Officer or Director Date