

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167197

Entity Name: SMILEPERFECT, INC

FILED  
Jan 07, 2008  
Secretary of State

## Current Principal Place of Business:

915 MIDDLE RIVER DRIVE  
SUITE #501  
FORT LAUDERDALE, FL 33304

## New Principal Place of Business:

906 26TH AVE  
FORT LAUDERDALE, FL 33304

## Current Mailing Address:

915 MIDDLE RIVER DRIVE  
SUITE #501  
FORT LAUDERDALE, FL 33304

## New Mailing Address:

906 26TH AVE  
FORT LAUDERDALE, FL 33304

FEI Number: 20-2052495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALANOFF, WILLIAM L DDS  
915 MIDDLE RIVER DRIVE  
SUITE #501  
FORT LAUDERDALE, FL 33304 US

## Name and Address of New Registered Agent:

BALANOFF, WILLIAM L DDS  
906 26TH AVE  
FORT LAUDERDALE, FL 33304 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: WILLIAM L BALANOFF DDS

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BALANOFF, WILLIAM L DDS  
Address: 915 MIDDLE RIVER DRIVE, #501  
City-St-Zip: FORT LAUDERDALE, FL 33304

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BALANOFF, WILLIAM L DDS  
Address: 906 26TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L BALANOFF

DDS

01/07/2008

Electronic Signature of Signing Officer or Director

Date