

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006872

FILED
Feb 14, 2006
Secretary of State

Entity Name: SMILEMAKERS, INC., A CORPORATION OF SOUTH CAROLINA

Current Principal Place of Business:

425 SHA LANE
SPARTANBURG, SC 29307

New Principal Place of Business:

Current Mailing Address:

425 SHA LANE
SPARTANBURG, SC 29307

New Mailing Address:

500 STAPLES DRIVE
FRAMINGHAM, MA 017024478

FEI Number: 57-0647221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAHONEY, JOHN J
Address: 500 STAPLES DRIVE
City-St-Zip: FRAMINGHAM, MA 01702

Title: DP () Delete
Name: MORSE, LAWRENCE J
Address: 100 SCHELTER ROAD
City-St-Zip: LINCOLNSHIRE, IL 60069

Title: D () Delete
Name: SARGENT, RONALD L
Address: 500 STAPLES DRIVE
City-St-Zip: FRAMINGHAM, MA 01702

Title: VC () Delete
Name: ANDERSON, BASIL L
Address: 500 STAPLES DRIVE
City-St-Zip: FRAMINGHAM, MA 01702

Title: EV () Delete
Name: BARTON, JOHN K
Address: 500 STAPLES DRIVE
City-St-Zip: FRAMINGHAM, MA 01702

Title: EVGC () Delete
Name: VANWOERKOM, JACK A
Address: 500 STAPLES DRIVE
City-St-Zip: FRAMINGHAM, MA 01702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: MAYERSON, ROBERT K
Address: 500 STAPLES DRIVE
City-St-Zip: FRAMINGHAM, MA 01702

Title: P (X) Change () Addition
Name: MORSE, LAWRENCE J
Address: 100 SCHELTER ROAD
City-St-Zip: LINCOLNSHIRE, IL 60069

Title: D (X) Change () Addition
Name: MILES, MICHAEL
Address: 500 STAPLES DRIVE
City-St-Zip: FRAMINGHAM, MA 01702

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 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: NANCY WHITE

BLA

02/14/2006

Electronic Signature of Signing Officer or Director

Date