

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G89108

Entity Name: SMILING SUN, INC.

FILED  
Apr 17, 2009  
Secretary of State

**Current Principal Place of Business:**

JUDY MAHAFFEY  
1895 KUDZA RD.  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

JUDY MAHAFFEY  
1895 KUDZA RD  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

FEI Number: 59-2411807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MAHAFFEY, JUDY  
1895 KUDZA RD.  
WEST PALM BEACH, FL 33415 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: PSD ( ) Delete  
Name: MAHAFFEY, JUDY  
Address: 1895 KUDZA RD.  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD ( ) Delete  
Name: FIDLER, JUDI M  
Address: 1723 PINE VALLEY DR.  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD ( ) Delete  
Name: FIDLER, JUDI M  
Address: 1895 KUDZA RD.  
City-St-Zip: WEST PALM BEACH, FL 33415

**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:

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: JUDY MAHAFFEY

Electronic Signature of Signing Officer or Director

OWNE

04/17/2009

\_\_\_\_\_ Date