

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H21588

FILED
Apr 29, 2009
Secretary of State

Entity Name: SMILEY THE CLOWN, INCORPORATED

Current Principal Place of Business:

C/O MATTIE JOHNSON WILLIAM
15004 SW 113TH CT
MIAMI, FL 33176 US

New Principal Place of Business:

C/O MATTIE JOHNSON WILLIAMS
15004 SW 113TH CT
MIAMI, FL 33176 US

Current Mailing Address:

C/O MATTIE JOHNSON WILLIAMS
15004 SW 113TH CT
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 65-0143663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTIE JOHNSON WILLIAMS
15004 SW 113TH CT
MIAMI, FL 33176 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: DP () Delete
Name: WILLIAMS, MATTIE J
Address: 15004 SW 113TH CT
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: SIMMONS, DELORIS
Address: 421 SW 29TH AVE
City-St-Zip: FT LAUDERDALE, FL

Title: D () Delete
Name: THOMAS, GENITHA
Address: 3357 FRANKLIN AVE
City-St-Zip: COCONUT GROVE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SIMMONS, DELORIS
Address: 288 HORRY AVENUE
City-St-Zip: MADISON, FL 32340

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: MATTIE JOHNSON WILLIAMS

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date