

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H21588

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** SMILEY THE CLOWN, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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  
Name: WILLIAMS, MATTIE J  
Address: 15004 SW 113TH CT  
City-St-Zip: MIAMI, FL 33176

Title: D  
Name: SIMMONS, DELORIS  
Address: 288 HORRY AVENUE  
City-St-Zip: MADISON, FL 32340

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

I hereby 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 all other like empowered.

SIGNATURE: MATTIE JOHNSON WILLIAMS

DP

04/22/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date