2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000000584 FILED Jul 17, 2008 08:00 AM Secretary of State 1. Entity Name CLASSIC SMILES LLC Principal Place of Business Mailing Address 1764 E SILVER STAR RD 1764 E SILVER STAR RD OCOEE, FL 34761 OCOEE, FL 34761 07032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0022681 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ARNOLD, MATHENY & EAGAN, P.A. DO NOT WRITE 801 N. MAGNOLIA AVE. **SUITE 201** IN THIS SPACE ORLANDO, FL 32802 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature regulred when reinstating) FILE NOW!!! FEE IS \$538.75 U00000355442 07/17/08-80005-001 538.75 Due by September 12, 2008 9. MANAGING MEMBERS/MANAGERS MGRM TITLE BAAQEE, SUSANNE I NAME STREET ADDRESS 13246 LAKESHORE GROVE DR WINTER GARDEN, FL 347875455 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or purple.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF AUTHORIZED REPRESENTATIVE

SIGNATURE: