2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2006
Secretary of State

DOCUMENT# L04000040294

Entity Name: INFLATABLE SMILES, LLC

Current Principal Place of Business:

1939 N CARPENTER RD
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

1939 N CARPENTER RD
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 65-1220507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STANFORD, REGINA
1105 TROPIC STREET
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

STANFORD, REGINA
1939 N CARPENTER RD
TITUSVILLE, FL 32796 US

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: REGINA STANFORD 05/25/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STANFORD, REGINA
Address: 1105 TROPIC STREET
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STANFORD, REGINA
Address: 1939 N CARPENTER RD
City-St-Zip: TITUSVILLE, FL 32796

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 is true and accurate and that my electronic 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: REGINA STANFORD MGRM 05/25/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date