2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# N00000007051

Entity Name: GIVE A SMILE INC.

Current Principal Place of Business:

321 SW 15TH STREET
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

321 SW 15TH STREET
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-1049142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WERBER, RICHARD
17049 NORTHWAY CIR.
BOCA RATON, FL 33496 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COHN, MICHAEL
Address: 321 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: GARROD, EVAN
Address: 321 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: WERBER, BEN
Address: 321 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: WERBER, ALISON
Address: 321 SW 15TH ST.
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: GARROD, SCOTT
Address: 321 SW 15TH ST.
City-St-Zip: BOCA RATON, FL 33432

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:

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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT GARROD D 04/07/2004
Electronic Signature of Signing Officer or Director — Date