


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003440

1. Entity Name
 SHARE A SMILE FOUNDATION, INC.



Principal Place of Business
 3826 MIMOSA PLACE
 PALM HARBOR, FL 34685

Mailing Address
 3618 EAST LAKE ROAD
 #88
 PALM HARBOR, FL 34685

DO NOT WRITE IN THIS SPACE



03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 68-0511545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MOORE, ZANDRA J
 3826 MIMOSA PLACE
 PALM HARBOR, FL 34685

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MOORE, ZANDRA J 3826 MIMOSA PLACE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HOVEY, CYNTHIA L 5108 KERNWOOD COURT PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FOX, MARYBETH 4696 AYLESFORD DRIVE PALM HARBOR, FL 34685
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **4-15-05** **(727) 944-4617**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #