2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2005 8:00 am Secretary of State **DOCUMENT # N02000005884** 04-14-2005 90097 021 ****61.25 1. Entity Name HOOKED ON SMILES, INC. Principal Place of Business Mailing Address 40000000 1848 BIG CRANE LOOP 1848 BIG CRANE LOOP PORT ORANGE, FL 32128 PORT ORANGE, FL. 32128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-NP CR2E037 (10/03) Applied For City & State 4. FEI Number 52-2370655 City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STORK, FLORENCE Street Address (P.O. Box Number is Not Acceptable) 1848 BIG CRANE LOOP PORT ORANGE, FL 32128 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Fjorida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TILE Change ☐ Addition STORK, FLORENCE NAME NAME 1848 BIG CRANE LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32128 CITY-ST-7IP V & 5 TITLE ☐ Delete TITLE Change ☐ Addition NAME WILSON, SUSAN NAME 243 RANDLE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAK HILL, FL 32759 CITY-ST-ZIP ☐ Delete Change ☐ Addition PASCAVAGE, LINDA NAME NAME 752 SANDY HILL CIRCLE STREET ADDRESS STREET ADDRESS PORT ORANGE, FL 32127 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ШE ☐ Change ☐ Addition AREVALO, JULIE NAME 847 MARLEY DRIVE STREET ADDRESS STREET ADDRESS PORT ORANGE, FL 32128 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition D

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Plorida 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 charged, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY+ST-ZIP

SIGNATURE: Florence Stock FLORENCE STORK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORKLE, NORMA

473 S RIDGEWOOD AVE

COXWELL, CHERYL'

91 PINE TRAIL

ORMOND BEACH, FL 32174

ORMOND BEACH, FL 32174

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

Change

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Committee to the Section

☐ Addition

FILED