

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005884

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: HOOKED ON SMILES, INC.

## Current Principal Place of Business:

1848 BIG CRANE LOOP  
PORT ORANGE, FL 32128

## New Principal Place of Business:

## Current Mailing Address:

1848 BIG CRANE LOOP  
PORT ORANGE, FL 32128

## New Mailing Address:

FEI Number: 52-2370655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STORK, FLORENCE  
1848 BIG CRANE LOOP  
PORT ORANGE, FL 32128 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: P ( ) Delete  
Name: STORK, FLORENCE  
Address: 1848 BIG CRANE LOOP  
City-St-Zip: PORT ORANGE, FL 32128

Title: D ( ) Delete  
Name: NESTORE, ROSALIE  
Address: 218 TROPIC DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: T ( ) Delete  
Name: STORK, LINDA  
Address: 5439 WARD LAKE DRIVE  
City-St-Zip: PORT ORANGE, FL 32128

Title: VP ( ) Delete  
Name: AREVALO, JULIE  
Address: 847 MARLEY DRIVE  
City-St-Zip: PORT ORANGE, FL 32128

Title: D (X) Delete  
Name: CORKLE, NORMA  
Address: 473 S RIDGEWOOD AVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete  
Name: GAUL, DIANE  
Address: 369 TONKA DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: STORK, FLORENCE  
Address: 1848 BIG CRANE LOOP  
City-St-Zip: PORT ORANGE, FL 32128

Title: P (X) Change ( ) Addition  
Name: STORK, LINDA  
Address: 5439 WARD LAKE DRIVE  
City-St-Zip: PORT ORANGE, FL 32128

Title: VP (X) Change ( ) Addition  
Name: HORNE, LISA  
Address: 937 N. HALIFAX DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: S (X) Change ( ) Addition  
Name: MCMILLAN, SHARON  
Address: 30 PITTWICK LANE  
City-St-Zip: PALM COAST, FL 32164

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 exemption stated in Chapter 119, 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: FLORENCE STORK

T

03/04/2009

Electronic Signature of Signing Officer or Director

Date