2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N07000011437

Entity Name: AMANDA J. BUCKLEY GIVE A SMILE TO A CHILD FOUNDATION, INC.

Current Principal Place of Business:

4454 DAFFODIL CIRCLE SOUTH
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4454 DAFFODIL CIRCLE SOUTH
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 26-1498691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, RICHARD T
901 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401 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:	BUCKLEY, TORY	
Address:	4454 DAFFODIL CIRCLE SOUTH	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	D	( ) Delete
Name:	BUCKLEY, BARBARA	
Address:	4454 DAFFODIL CIRCLE SOUTH	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	D	( ) Delete
Name:	MILTON, PHILLIP	
Address:	55 WINDSOR LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	( ) Delete
Name:	FROHLING, TIM	
Address:	152 EUPHRATES CIRCLE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	D	( ) Delete
Name:	FROHLING, KIMBERLY	
Address:	152 EUPHRATES CIRCLE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	D	( ) Delete
Name:	TESTA, SAM	
Address:	8030 MURANO CIRCLE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

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:	
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: PHILIP W. MILTON D 04/29/2009

Electronic Signature of Signing Officer or Director — Date