

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011832

FILED  
Jun 04, 2010  
Secretary of State

**Entity Name:** PROJECT CHILD SMILES, INC.

**Current Principal Place of Business:**

1148 BUENA VISTA DR.  
HOLLY HILL, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1148 BUENA VISTA DR.  
HOLLY HILL, FL 32117

**New Mailing Address:**

**FEI Number:** 26-1539501      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MEADOWS, MARY  
1148 BUENA VISTA DR.  
HOLLY HILL, FL 32117      US

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:** PD  
**Name:** MEADOWS, MARY  
**Address:** 1148 BUENA VISTA DR.  
**City-St-Zip:** HOLLY HILL, FL 32117

**Title:** VPD  
**Name:** DOROUGH, SHERRI  
**Address:** P.O. BOX 1638  
**City-St-Zip:** ROMOLAND, CA 92585

**Title:** SD  
**Name:** MAYOR, NORA  
**Address:** 192 EVERGREEN CIRCLE  
**City-St-Zip:** HENDERSONVILLE, TN 37075

**Title:** TD  
**Name:** BAYLOCK, BOBBIE  
**Address:** 2022 HWY 126 LOT 4  
**City-St-Zip:** BRISTOL, TN 37620

I hereby 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 all other like empowered.

SIGNATURE: SHERRI DOROUGH

VPD

06/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date