2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2012
Secretary of State

DOCUMENT# N09000010064

Entity Name: MEMORIES OF MISSING SMILES, INC.

Current Principal Place of Business:

2980 SE 160 LANE ROAD
SUMMERFIELD, FL 34491 US

New Principal Place of Business:

Current Mailing Address:

2980 SE 160 LANE ROAD
SUMMERFIELD, FL 34491 US

New Mailing Address:

FEI Number: 27-1069304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SADLER, HOLLY L
2980 SE 160 LANE ROAD
SUMMERFIELD, FL 34491 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
Name: GREG, SADLER
Address: 2980 SE 160 LANE ROAD
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: D
Name: YVONNE, ADAMS
Address: 8645 NW 63RD ST
City-St-Zip: OCALA, FL 34482 US

Title: S/T
Name: SADLER, HOLLY
Address: 2980 SE 160 LANE ROAD
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: T
Name: RUSSELL, LINDSAY
Address: 3301 SW 34TH CIR, STE 402
City-St-Zip: OCALA, FL 34474 US

Title: D
Name: ADAMS, TED
Address: 8645 NW 63RD ST
City-St-Zip: OCALA, FL 34482 US

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: HOLLY SADLER S/T 02/26/2012
Electronic Signature of Signing Officer or Director Date