2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

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Entity Name: SMILEY HUMANITARIAN FOUNDATION, INC.

Current Principal Place of Business:

4905 34TH STREET S.
SUITE 113
ST. PETERSBURG, 33711

New Principal Place of Business:

4905 34TH STREET S.
SUITE 113
ST. PETERSBURG, FL 33711 US

Current Mailing Address:

4905 34TH STREET S.
SUITE 113
ST. PETERSBURG, 33711

New Mailing Address:

4905 34TH STREET S.
SUITE 113
ST. PETERSBURG, FL 33711 US

FEI Number: 27-1690703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBA, KEYLA
4905 34TH STREET S.
SUITE 113
ST PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

NAMACK, WILLIAM H III
4905 34TH STREET S.
SUITE 113
ST PETERSBURG, FL 33711 US 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: WILLIAM H NAMACK III 04/20/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: SMILEY JR., W. MCKINLEY
Address: 4905 34TH STREET S., SUITE 113
City-St-Zip: ST PETERSBURG, FL 33711 US

Title: D
Name: NAMACK, WILLIAM H III
Address: 4905 34TH STREET S., SUITE 113
City-St-Zip: ST PETERSBURG, FL 33711 US

Title: D
Name: ADAMS, SUSAN K
Address: 4905 34TH STREET S., SUITE 113
City-St-Zip: ST PETERSBURG, FL 33711 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: W. MCKINLEY SMILEY JR. P 04/20/2011
Electronic Signature of Signing Officer or Director Date