

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004473

FILED
Feb 29, 2012
Secretary of State

Entity Name: JAYLA'S SMILE, INC.

Current Principal Place of Business:

4807 PLAYPEN DR
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4807 PLAYPEN DR
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 45-2086012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOOKES, SHAWNA M
8131 WEYBRIDGE DR
JACKSONVILLE, FL 32244 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: GLOVER, MARGAUX L
Address: 4807 PLAYPEN DR
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP
Name: WILLIAMS, L'PHESHA M
Address: 3222 SEINE DR
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: S
Name: WILLIAMS, ZENOVIA L
Address: 3222 SEINE DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: AS
Name: TOOKES, SHAWNA M
Address: 8131 WEYBRIDGE DR
City-St-Zip: JACKSONVILLE, FL 32244

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: SHAWNA TOOKES

AS

02/29/2012

Electronic Signature of Signing Officer or Director

Date