2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# N99000001655

Entity Name: LITTLE SMILES, INC.

Current Principal Place of Business:

7289 GARDEN RD, SUITE 113
WEST PALM BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

7289 GARDEN RD, SUITE 113
WEST PALM BEACH, FL 33404

New Mailing Address:

FEI Number: 65-0963754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TASINI, OREN S
11780 US HWY ONE SUITE 300
NORTH PALM BEACH, FL 33408 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	( ) Delete
Name:	ANDERSON, SCOTT C	
Address:	107 SANDAL LANE, #2	
City-St-Zip:	PALM BEACH SHORES, FL 33404	
Title:	S	( ) Delete
Name:	WRUBLE, BETH A	
Address:	632 ALLEN AVENUE, #3	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:	D	( ) Delete
Name:	CURRAN, MATTHEW	
Address:	408 4TH COURT	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	D	( ) Delete
Name:	MORGAN, DAVE	
Address:	2725 W FOXHALL DR	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	D	( ) Delete
Name:	SIMS, BEN	
Address:	208 N PARROTT AVE	
City-St-Zip:	OKEECHOBEE, FL 34972	
Title:	VP	( ) Delete
Name:	GOUGH, RAY	
Address:	4458 HUNTING TERRACE	
City-St-Zip:	LAKE WORTH, FL 33467	

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:	T	(X) Change ( ) Addition
Name:	CUTCHER, ANNMARIE J	
Address:	171 1ST STREET	
City-St-Zip:	WEST PALM BEACH, FL 33413	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNMARIE CUTCHER T 01/25/2006

Electronic Signature of Signing Officer or Director — Date