2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# N99000001655

Entity Name: LITTLE SMILES, INC.

Current Principal Place of Business:

13860 WELLINGTON TRACE STE 38-124
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

13860 WELLINGTON TRACE STE 38-124
WELLINGTON, FL 33414

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:	13860 WELLINGTON TRACE STE 38-124	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	S	( ) Delete
Name:	TAVERNISE, BILL	
Address:	12230 FOREST HILL BLVD STE 175	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	T	( ) Delete
Name:	CURRAN, MATTHEW	
Address:	408 4TH COURT	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	VP	( ) Delete
Name:	PARISI, JANIXX	
Address:	15475 BELLANCA LN	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	SIMS, BEN	
Address:	208 NORTH PARROTT AVENUE	
City-St-Zip:	OKEECHOBEE, FL 34972	
Title:	D	( ) Delete
Name:	FRALLICCIARDI, MIKE	
Address:	5626 56TH WAY	
City-St-Zip:	WEST PALM BEACH, FL 33409	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: MICHELA PERILLO-GREEN MS. 03/12/2008

Electronic Signature of Signing Officer or Director — Date