

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048334

Entity Name: AMERICAN SMILE, INC.

FILED
Jan 18, 2009
Secretary of State

Current Principal Place of Business:

4588 TAMiami TR N
NAPLES, FL 34103

New Principal Place of Business:

681 GOODLETTE FRANK RD
110
NAPLES, FL 34102

Current Mailing Address:

P.O. BOX 112081
NAPLES, FL 341080135

New Mailing Address:

FEI Number: 04-3813153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, J. MICHAEL ESQ.
2640 GOLDEN GATE PARKWAY
SUITE 304
NAPLES, FL 34105 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DANIYAR, VAL A
Address: P.O. BOX 112081
City-St-Zip: NAPLES, FL 341080135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: DANIYAR, VAL A
Address: P.O. BOX 112081
City-St-Zip: NAPLES, FL 341080135

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VAL DANIYAR

DR

01/18/2009

Electronic Signature of Signing Officer or Director

Date