2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# P05000122524

Entity Name: TURNAROUND AND SMILE INC.

Current Principal Place of Business:

224 26TH AVENUE NORTH
ST. PETERSBURG, FL 337043460 US

New Principal Place of Business:

Current Mailing Address:

224 26TH AVENUE NORTH
ST. PETERSBURG, FL 337043460 US

New Mailing Address:

FEI Number: 20-3445776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: P ( ) Delete
Name: CROCKETT, ROBERT
Address: 224 26TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337043460

Title: V ( ) Delete
Name: CROCKETT, ROBERT
Address: 224 26TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337043460

Title: S ( ) Delete
Name: CROCKETT, ROBERT
Address: 224 26TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337043460

Title: T ( ) Delete
Name: CROCKETT, ROBERT
Address: 224 26TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337043460

Title: D ( ) Delete
Name: CROCKETT, ROBERT
Address: 224 26TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337043460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: CROCKETT, ROBERT
Address: 224 26TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337043460

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

SIGNATURE: ROBERT B CROCKETT P 04/10/2008

Electronic Signature of Signing Officer or Director — Date