

# **-2006 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P05000153026</b>						<p>FILED</p> <p>06 OCT -3 11:10:36</p> <p>SEC. TALLAH. FLAIDA</p>	
<b>1. Entity Name</b> FLUFFY'S MILES OF SMILES INC.				<b>Principal Place of Business</b> 4252 LANAI DRIVE SARASOTA, FL 34241			
<b>Mailing Address</b> 4252 LANAI DRIVE SARASOTA, FL 34241							
<b>2. Principal Place of Business</b> <i>above</i>		<b>3. Mailing Address</b> <i>above</i>		08102006 Chg-P CR2E034 (11/05)		<b>4. FEI Number</b> 55-0909740	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  FLOWERS-BABBITT, PAMELA 4252 LANAI DRIVE SARASOTA, FL 34241				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOWERS-BABBITT, PAMELA 4252 LANAI DRIVE SARASOTA, FL 34241 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BABBITT, BRIAN 4252 LANAI DRIVE SARASOTA, FL 34241 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000080313610 09/29/06--01070--006 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>							
<b>SIGNATURE:</b> <i>Pamela Flowers-Babbitt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>Aug 9, 2006</i> 941-539-8475 <small>Date Daytime Phone #</small>			



# DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

General Tax Administration  
Child Support Enforcement  
Property Tax Administration  
Administrative Services  
Information Services

Jim Zingale  
Executive Director

AUGUST 31, 2006

FLUFFY'S MILES OF SMILES INC.  
4252 LANAI DRIVE

SARASOTA, FL 34241-5608

CK#1043  
AMT:\$150.00  
SCREENER:1140

We are returning remittance (s) listed below for the following reasons, as indicated by an X.

XX Check/Money Order/Document(s) sent to Florida Department of Revenue in error.

Unable to identify- if this remittance is for taxes administered by the Florida Department of Revenue, please enclose appropriate tax return with your tax identification number and return to the address indicated below.

If this is in payment of Federal taxes, please send to the Internal Revenue Service Center, Atlanta, Georgia 39901.

Your check or money order is not payable to the Florida Department of Revenue and/or is incomplete. Actual payment of taxes cannot be accounted for until this Department receives a correctly completed valid check or money order.

We are returning the attached documentation relating to vehicle title, registration and/or vehicle license tag. The Florida Department of Highway Safety and Motor Vehicles or the local tax collector/tag agency should be contacted. You may contact the Florida Department of Highway Safety, Title & Registration at (850) 488-3881.

Postal Damage- Your remittance has been damaged by the postal process. We are returning your damaged property. Please complete and forward the enclosed coupon with your response.

Other:

YOUR STATEMENT AND CHECK SHOULD BE MAILED TO DEPT OF CORPORATION.

Please include this correspondence and any postmarked envelope(s) along with your response to:

Florida Department of Revenue  
Return & Revenue Processing  
5067 Tennessee Capital Blvd., Bldg L  
Tallahassee, FL 32399-0100