2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P07000006395

Entity Name: SMILES CONSULTING, INC

Current Principal Place of Business:

8601 NW 34TH PLACE
UNIT 101A
SUNRISE, FL 33351

New Principal Place of Business:

4034 INVERRARY DRIVE
LAUDERHILL, FL 33319

Current Mailing Address:

8601 NW 34TH PLACE
UNIT 101A
SUNRISE, FL 33351

New Mailing Address:

4034 INVERRARY DRIVE
LAUDERHILL, FL 33319

FEI Number: 56-2633880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEMETSON, SHAKIRA K MS
8601 NW 34TH PLACE
UNIT 101A
SUNRISE, FL 33351 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: VP ( ) Delete
Name: BONITTO, LAURA E MRS
Address: 13361 NW 13 STREET
City-St-Zip: SUNRISE, FL 33323 US

Title: VP ( ) Delete
Name: BRADSHAW, SHARON A MRS
Address: 4034 INVERRARY DRIVE
City-St-Zip: LAUDERHILL, FL 33319 US

Title: P ( ) Delete
Name: BRAINEY, MAXINE E MS
Address: 1931 SW 70TH WAY
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: VP ( ) Delete
Name: CLEMETSON, SHAKIRA K MS
Address: 8601 NW 34TH PLACE
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: BRADSHAW, SHARON A MS
Address: 4034 INVERRARY DRIVE
City-St-Zip: LAUDERHILL, FL 33319 US

Title: VP (X) Change ( ) Addition
Name: BRAINEY, MAXINE E MS
Address: 1931 SW 70TH WAY
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

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: SHAKIRA CLEMETSON VP 04/29/2008

Electronic Signature of Signing Officer or Director — Date