# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2011**
**Secretary of State**

DOCUMENT# P09000008932

**Entity Name:** SMILE STYLIST, INC.

**Current Principal Place of Business:**

818 A1A N
SUITE 209
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

818 A1A N
SUITE 209
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number: 26-4163973** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPLAN LAW FIRM, P.A.
6260 DUPONT STATION COURT
SUITE C
JACKSONVILLE, FL 32217 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: D
Name: OLITSKY, JASON
Address: 818 A1A N., SUITE 209
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: OLITSKY, COLLEEN
Address: 818 A1A N., SUITE 209
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: COLLEEN OLITSKY OWNE 04/28/2011

Electronic Signature of Signing Officer or Director — Date