




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90186 033 ****61.25

DOCUMENT # P39622 1. Entity Name OPERATION SMILE, INC.					
Principal Place of Business 6435 TIDEWATER DR NORFOLK, VA 23509			Mailing Address 6435 TIDEWATER DR NORFOLK, VA 23509		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 54-1460147	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERMAN, BRAD 8940 NORTH KENDALL DRIVE SUITE 903-E MIAM, FL 33176				7. Name and Address of New Registered Agent Name Carl W. Treleven Street Address (P.O. Box Number is Not Acceptable) 15208 Gulf Blvd. # 407 City Madeira Beach FL Zip Code 33708	
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.					
SIGNATURE <u>Please see attached form for signature.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MAGEE, JR., WILLIAM P 6435 TIDEWATER DRIVE NORFOLK, VA 23509	<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	P MAGEE, KATHLEEN S 6435 TIDEWATER DRIVE NORFOLK, VA 23509	<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	VC GUIDO, RON ROUTE 22 WEST SOMERVILLE, NJ 08876	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Carl Treleven 15208 Gulf Blvd. #407 Madeira Beach, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ZINN, E. WAYNE 6435 TIDEWATER DRIVE NORFOLK, VA 23509	<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	T UNGER, HOWARD J 700 WESY 21ST STREET NORFOLK, VA 23517	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair Unger, Howard J 700 West 21st Street Norfolk, VA 23517
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KANE, THOMAS F SR 14155 US HWY 1., STE 300 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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.					
SIGNATURE: <u>Please see attached form for signature.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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Principal Place of Business 6435 TIDEWATER DR NORFOLK, VA 23509	Mailing Address 6435 TIDEWATER DR NORFOLK, VA 23509
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DO NOT WRITE IN THIS SPACE

ATTACHMENT

01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-1460147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~HERMAN, BRAD~~ *Carl Treleaven*
~~8040 NORTH KENDALL DRIVE~~ *15208 GULF BLVD #407*
~~SUITE 003-E~~ *MADEIRA BEACH, FL*
~~MIAMI, FL 33176~~ *33708*

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE *Carl W. Treleaven* 4/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MAGEE, JR., WILLIAM P 6435 TIDEWATER DRIVE NORFOLK, VA 23509
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAGEE, KATHLEEN S 6435 TIDEWATER DRIVE NORFOLK, VA 23509
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC GUIDO, RON <i>Carl Treleaven</i> ROUTE 22 WEST <i>15208 Gulf Blvd. #407</i> SOMERVILLE, NJ 08876 <i>Madeira Beach, FL 33708</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO ZINN, E. WAYNE 6435 TIDEWATER DRIVE NORFOLK, VA 23509
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Chair</i> UNGER, HOWARD J 700 WESY 21ST STREET NORFOLK, VA 23517
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C KANE, THOMAS F SR 14155 US HWY 1., STE 300 JUNO BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

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 617, 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.

SIGNATURE: *Melanie J. J. J.* 4/17/07 757-321-7645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40082342

P39622

To Whom It May Concern:

We accidentally signed the form without changes, even though we needed to make changes. I filled out the correct form, but attached both because our registered agent isn't available right now to sign the other form. I hope this is okay. Please let us know.

Sincerely,

Edith Gregory
Staff Accountant
Operation Smile Inc.
757-321-7622