2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P39622

1. Entity Name
OPERATION SMILE, INC.

Principal Place of Business	Mailing Address
6435 TIDEWATER DR NORFOLK, VA 23509	6435 TIDEWATER DR NORFOLK, VA 23509

DO NOT WRITE IN THIS SPACE

02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number
54-1460147

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRELEAVEN, CARL W
15208 GULF BLVD #407
MADEIRA BEACH, FL 33708

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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 _____
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000851053
03/25/08-80023-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	MAGEE, JR., WILLIAM P
STREET ADDRESS	6435 TIDEWATER DRIVE
CITY-ST-ZIP	NORFOLK, VA 23509
TITLE	P
NAME	MAGEE, KATHLEEN S
STREET ADDRESS	6435 TIDEWATER DRIVE
CITY-ST-ZIP	NORFOLK, VA 23509
TITLE	VC
NAME	TRELEAVEN, CARL
STREET ADDRESS	15208 GULF BLVD #407
CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	COO
NAME	ZINN, E. WAYNE
STREET ADDRESS	6435 TIDEWATER DRIVE
CITY-ST-ZIP	NORFOLK, VA 23509
TITLE	C
NAME	UNGER, HOWARD J
STREET ADDRESS	700 WESY 21ST STREET
CITY-ST-ZIP	NORFOLK, VA 23517
TITLE	C
NAME	KANE, THOMAS F SR
STREET ADDRESS	14155 US HWY 1., STE 300
CITY-ST-ZIP	JUNO BEACH, FL 33408

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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 Tyler Melanie Tyler, VP of Finance 2/27/08 757-321-7645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #