

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106495

Entity Name: THE SMILE STUDIO, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

5180 PALM BEACH BOULEVARD
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

5180 PALM BEACH BOULEVARD
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 65-0896934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRACHENBERG, RONALD E PRES
5180 PALM BEACH BOULEVARD
FORT MYERS, FL 33905 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: PDR () Delete
Name: DRACHENBERG, RONALD E DR
Address: 5180 PALM BCH BLVD
City-St-Zip: FT MYERS, FL 33905

Title: STD () Delete
Name: DRACHENBERG, SUSAN
Address: 5180 PALM BEACH BLVD
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SUSAN C DRACHENBERG

STD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date