2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2016
Secretary of State
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Entity Name: GIVE A HAND RECEIVE A SMILE INC.

Current Principal Place of Business:

4440 NW 59TH STREET
FORT LAUDERDALE , FL 33319

Current Mailing Address:

4440 NW 59TH STREET
FORT LAUDERDALE , FL 33319 US

FEI Number: 45-3673249

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, LAKEISHA MMS
4440 NW 59TH STREET
FORT LAUDERDALE , FL 33319 US

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

Officer/Director Detail :

Title	FOUNDER/CEO
Name	THOMAS, LAKEISHA M
Address	4440 NW 59TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33319

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAKEISHA THOMAS FOUNDER/CEO 04/05/2016

Electronic Signature of Signing Officer/Director Detail — Date